PP CloverChkTeleCl \$\_ **Pd by:** \$



## **SPAY ME! CLINIC TRANSPORT & SURGICAL RELEASE FORM**



\*ALL CATS MUST ARRIVE IN SECURE CARRIERS AND ALL DOGS ON LEASH.\* PLEASE DO NOT SEND ANY PERSONAL BELONGINGS WITH YOUR PET.

All surgeries and the use  The surgery performed is may be increased. Every	g OR	M / F Cat ** Outdoor	② M / F  Dog Indoor	OR	Cat ** Outdoor	3 Ind	Dog loor OR	M / F Cat ** Outdoor					
Cats ONLY (Circe One) Indoor  Color/Age  PRINT NAME of owner(or authorized  Address  City/State/Zip  Two Phone #s:  I understand the following: (Please on Spay/Neuter days, Spanatomy . If you have fur All surgeries and the use the surgery performed is may be increased. Every						Ind							
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On Spay/Neuter days, Spay Me! focuses specifically on the spaying and neutering of healthy animals with normal anatomy. If you have further concerns, please discuss scheduling a wellness appointment with the clinic.  All surgeries and the use of anesthetics and drugs present some risk of complication, possibly including injury or death.  The surgery performed is a major surgery. Pregnant females or those in heat may be spayed but the risk to the animals may be increased. Every reasonable precaution and the best possible medical care will be exercised while the animal is a patient at our clinic. This may include the decision not to perform surgery at the veterinarian's discretion.  No advanced diagnostics will be performed prior to surgery. Some medical conditions, which may increase the patient's risk, may not be detected/detectable without such testing.  I am solely responsible for informing SpayMe! staff of any preexisting conditions.  Spay Me! does not routinely place intravenous catheters or run intravenous fluids on our surgical patients.  Shelter from the Storm and Spay Me! do not endorse any practices concerning the care or housing of animals that in any way violates any local ordinances.  Unposted Fees: In some instances, charges for services rendered may still be in the processing stage when I pick my animal up. I agree to pay for these charges when a final bill is received.  If live fleas are found on your pet, a topical preventative will be applied and a small charge (per pet) will be added. This is for their safety as well as the safety of other pets in clinic today. (**Cats getting the Outdoor Package are treated automatically at no additional charge.)  **OUTDOOR CATS ONLY: Eartipping is the universal sign of an altered feral cat. I understand and agree to the eartipping with the Outdoor Package.								to the animals e the animal is a n. se the patient's ts. himals that in en I pick my					

- **A.** Begin to perform CPR, I understand that this will cost \$25 for the first 15 minutes, regardless of outcome.
- **B.** <u>DO NOT perform CPR</u>. I understand that by doing nothing, my pet will likely not survive.

## **ADDITIONAL PROCEDURES & ADD ON SERVICE AUTHORIZATION**

If there are any additional necessary medical procedures such as the removal of retained testicles, retained teeth removal, umbilical hernia repair, etc: (MUST CHOOSE ONE)

- **A.** Perform any necessary procedures, I give full consent.
- **B.** Perform any necessary procedures up to \$25, I give full consent.
- **C.** Perform any necessary procedures up to \$50, I give full consent.
- **D.** Perform any necessary procedures up to \$75, I give full consent.
- **E.** Perform any necessary procedures up to \$100, I give full consent.
- **F.** Do NOT perform any additional procedures without speaking with me first. I understand that this means my animal may need to be re-sedated at a later date to resolve the issue, and more cost will be incurred.

Name:	1		2		3	
DOGS ONLY: * All dogs 6 months & up must have cu	rrent nega	tive heart	worm test	to purcha	se prevento	atives.*
Bordetella Vaccine (Kennel Cough		No	Yes	No	Yes	No
Heartworm Test (6 months or older, only)		No	Yes	No	Yes	No
Vectra 3D: Treats for fleas, ticks, mosquitoes & flies		No	Yes	No	Yes	No
Iverhart Plus: Oral Heartworm Preventative & routine dewormer		No	Yes	No	Yes	No
4DX Test:(6 months and up)Heartworm Lyme ErlichiaAnaplasma		No	Yes	No	Yes	No
If multiple doses are re	equested,	please spe	ecify here:			
CATS ONLY:						
**Outdoor Package (includes rabies, flea/heartworm preventative, & EAR TIP)	Yes	No	Yes	No	Yes	No
FeLV (only) Test (for cats less than 6 months of age)	Yes	No	Yes	No	Yes	No
FeLV/FIV Combo Test (for cats above 6 months of age)	Yes	No	Yes	No	Yes	No
Ivermectin(ear mite treatment)		No	Yes	No	Yes	No
Paradefense: Treats for fleas in all life cycles		No	Yes	No	Yes	No
If multiple doses are re	equested, <sub> </sub>	please spe	ecify here:			
ADDITIONAL DOG OR CAT SERVICES:						
3 Days of take home pain medication *Aspirin/OTC meds are <b>NOT</b> recommended	Yes	No	Yes	No	Yes	No
E-Collar (To prevent pet from licking at the incision)	Yes	No	Yes	No	Yes	No
Rabies Vaccination (**included at no cost with ear tip/outdoor package for cats)	Yes	No	Yes	No	Yes	No
Distemper Vaccination	Yes	No	Yes	No	Yes	No
Microchip		No	Yes	No	Yes	No

## Consent form and waiver:

I request that Spay Me! Clinic provides services for my animal. I agree to waive any or all claims against SFTS, the officers, employees and volunteers in the event of escape, injury, complications, or death of my animal. I have read, understand and agree to follow all aftercare instructions provided by Spay Me! and/or my veterinarian. I will seek the care of a veterinarian or Spay Me! for any suspected post surgical complications and bear full financial responsibility for any expenses incurred. I hereby declare under penalty of perjury that I am the owner (or authorized agent) of the above described animal(s) and that I have not withheld any information regarding known pre-existing medical conditions.

Signature:	Date: