

Firehouse Spay/Neuter Clinic

12300 Farrington Road, Ashland, VA 23005 (804) 752-7729 *Please use blue or black ink.*

Date: _____ Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

E-Mail: _____

Animal's Name: _____ Species: Canine Feline

Breed: _____ Age: _____ Color/Markings: _____

Sex	Vaccinations requested	Flea prevention request	Additional services
Female <input type="checkbox"/>	Rabies (Dog/Cat) <input type="checkbox"/>	1-Month <input type="checkbox"/>	FeLV/FIV Test (Cat) <input type="checkbox"/> Ear Tip <input type="checkbox"/>
Male <input type="checkbox"/>	DHPP (Dog) <input type="checkbox"/>	3-Month <input type="checkbox"/>	Heartworm Test (Dog) <input type="checkbox"/>
Feral <input type="checkbox"/>	Bordetella (Dog) <input type="checkbox"/>	6-Month <input type="checkbox"/>	Dewormer (Drontal Plus) <input type="checkbox"/>
	FVRCP (Cat) <input type="checkbox"/>		Heartworm Prev. (6-Mo.) <input type="checkbox"/>
	FeLV (Cat) <input type="checkbox"/>		Microchip <input type="checkbox"/>

PATIENT INFORMATION

When did your pet have food and water last? _____ Date: _____ Time: _____

Has your pet exhibited any of the following:	Yes	No	If yes, please explain:
Seizures?			
Sneezing/Coughing?			
Vomiting/Diarrhea?			
History of allergies/vaccine reactions?			
Any changes in activity level, water consumption, appetite?			
History of any illnesses?			
Any prior surgeries?			
Any professional medical attention for any reason?			
Last heartworm test?			
Taking heartworm or flea preventive medication?			
Taking any other medications?			
History of injuries?			

Please answer the following if your pet is a female: When was her last cycle? _____

Was it normal? _____ Has she ever had a litter before? _____ If so, when? _____

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Firehouse Spay/Neuter Clinic uses qualified staff and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Please carefully read, and ensure you understand, all of the information on this agreement and the other agreements attached hereto before signing your name:

- I, being lawfully authorized to make decisions on behalf of the animal named/described above, hereby request and authorize Firehouse Spay/Neuter Clinic, including its affiliates and each of their employees, volunteers, veterinarians and/or other agents, to receive, transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization of the Animal.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal and I **[client must choose one of the following options]:** _____ certify that the Animal has been vaccinated within one (1) year prior to this date; or _____ waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or _____ request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that Firehouse Spay/Neuter Clinic has the right to refuse any service and/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at Firehouse Spay/Neuter Clinic unless deemed necessary by the Veterinarian.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent immediate medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$15 without my further consent.
- I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post-surgery monitoring and care for the Animal, including but not limited to, the care described in the Post-Operative Instructions. If I suspect the Animal has any post-operative complications, I agree to follow the Post-Operative Instructions that have been provided to me.
- I understand that if the Animal is infested with fleas, Firehouse Spay/Neuter Clinic may, in its sole discretion, administer a flea product (including but not limited to Capstar, which effects of treatment last 24 hours), to the Animal. I agree to pay the cost for this treatment when the Animal is picked up from Firehouse Spay/Neuter Clinic.
- I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, and at the time designated by the medical staff on the day of the surgery and/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by Firehouse Spay/Neuter Clinic to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, Firehouse Spay/Neuter Clinic shall have discretion to deal with the Animal as it deems appropriate.
- I understand and agree that the Firehouse Spay/Neuter Clinic (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full

responsibility, financial and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal as allowable by law. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND FIREHOUSE SPAY/NEUTER CLINIC, AND (E) VOLUNARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

SIGNATURE

DATE

Treatment/Surgical Form

_____ mL Ace 10mg/mL SQ IM _____ mL LRS fluids IV SQ _____ Maintained on O2 + Iso/Sevo _____ mL Ketamine 100mg/mL IV IM	_____ mL Hydromorphone 2mg/mL SQ IM _____ mL Atropine 0.5mg/mL SQ IV IT _____ mL Dexdomitor _____ mg/mL IV IM _____ mL Midazolam 5mg/mL SQ IV IM	_____ mL Atipamezole 5mg/mL IM _____ mL Meloxicam 5mg/mL SQ IM _____ mL TTDex IM _____ mL Butorphanol 10mg/mL SQ IM
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<input type="checkbox"/> Postpartum <input type="checkbox"/> Fatty <input type="checkbox"/> Friable	SPAY (Ventral midline incision) Ovarian peds: <input type="checkbox"/> Instrument tie <input type="checkbox"/> Circumferential <input type="checkbox"/> (Modified) Millers Suture _____ Uterine stump: <input type="checkbox"/> Transfixation <input type="checkbox"/> Circumferential <input type="checkbox"/> (Modified) Millers Suture _____ Abdominal wall: <input type="checkbox"/> Cruciate <input type="checkbox"/> Simple interrupted <input type="checkbox"/> Continuous Suture _____ Subcutaneous: <input type="checkbox"/> Simple continuous Suture _____ Skin: <input type="checkbox"/> Subcuticular pattern <input type="checkbox"/> Surgical glue <input type="checkbox"/> Staples Suture _____
S: BAR Abnormal O: Physical exam = WNL Abnormal A: Surgical candidate = Yes No P: Surgically sterilize = Accept Decline TPR = WNL ABN _____	

<input type="checkbox"/> Spay <input type="checkbox"/> Neuter <input type="checkbox"/> Already Spayed/Neutered <input type="checkbox"/> In Heat <input type="checkbox"/> Pregnant: _____ <input type="checkbox"/> Cryptorchid	NEUTER Skin Incision: <input type="checkbox"/> Pre-scrotal <input type="checkbox"/> Scrotal Cord ligation: <input type="checkbox"/> Instrument tie <input type="checkbox"/> Circumferential <input type="checkbox"/> (Mod.) Millers <input type="checkbox"/> Transfixation Suture _____ Sc/skin closure: <input type="checkbox"/> Simple interrupted <input type="checkbox"/> Subcuticular mattress <input type="checkbox"/> Surgical glue <input type="checkbox"/> Staples Suture _____ Technique: <input type="checkbox"/> Closed castration <input type="checkbox"/> Open castration
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Please see your regular veterinarian to address the following concerns about the Animal: VET: _____ Weight _____ lbs

Over/Underweight Ear Concerns Skin Concerns Tapeworms/Internal Parasites Dental Concerns Fleas/Ticks
 Other: _____

The Animal has received these vaccinations/services today:

<input type="checkbox"/> DA:LPPv	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Ivermectin	<input type="checkbox"/> Meloxicam	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Microchip
<input type="checkbox"/> DA:PPv	<input type="checkbox"/> FVRCP	<input type="checkbox"/> FeLV	Rabies <input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Year	<input type="checkbox"/> Ear Tip	<input type="checkbox"/> Hernia Repair
<input type="checkbox"/> HW Test <input type="checkbox"/> -neg <input type="checkbox"/> +pos	<input type="checkbox"/> FeLV Test	<input type="checkbox"/> FeLV/FIV Test (only owned cats)	<input type="checkbox"/> -neg <input type="checkbox"/> FeLV +pos	<input type="checkbox"/> FIV +pos	<input type="checkbox"/> Other _____

Requested Feline Vaccines & Services			Requested Canine Vaccines & Services		
<input type="checkbox"/> Feline Distemper Vaccine	<input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Canine Distemper/Parvo Vaccine	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Feline Leukemia Vaccine	<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Kennel Cough Vaccine	<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies Vaccine (1-year)	<input type="checkbox"/> Rabies Vaccine (3-year)		<input type="checkbox"/> Rabies Vaccine (1-year)	<input type="checkbox"/> Rabies Vaccine (3-Year)	