



Last name	First name	Phone		
Address	City	State	Zip	Cell
Animal name	Age	Owned how long?		Work
Breed	Color	Dog or Cat		Sex
Will someone else be picking up your animal(s)		Name/Phone		
When was the last time your pet had any food or water?				
Does your pet have a known sensitivity to vaccines, anesthesia, or medications?				

Please list any medications your pet has taken in the past month including flea/tick and heartworm medication.

Consent for Surgical Sterilization

I, being of legal age, acknowledge and agree that I am responsible for the animal described above. I further acknowledge and agree to grant Suncoast Humane Society (SHS), its employees, volunteers or agents, my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal described above. INITIAL _____

I understand that SHS operates a Preventive Care Veterinary Clinic and that modern techniques are used by trained staff to care for all animals. I understand that reasonable precautions are used to guard against injury, escape or loss of the animal's life. I agree to assume all risks and will not hold SHS, its staff, volunteers, nor agents liable or responsible in any manner.

INITIAL _____

If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure (such as, but not limited to a hernia repair or IV fluid therapy), the attending veterinarian may, in his/her absolute discretion, perform such procedures, I consent to these procedures and agree that in the event surgical complications occur, my pet may need to be transferred to another veterinary facility for care. I understand that SHS is not responsible for expenses incurred at any outside veterinary facility, and that I assume full responsibility for these expenses. INITIAL _____

SHS offers low-cost spay/neuter services, however, we do not perform a complete physical examination. I understand that neither SHS, its staff, volunteers, nor agents will be liable or responsible in any manner, and I assume all risks. I understand that all anesthetic and surgical procedures have inherent risk, up to and including death.

INITIAL _____

I understand that blood work testing will require an additional fee and if requested at the time of drop off, will require surgery to be postponed. I have declined pre-operative blood work prior to surgery. INITIAL _____ ALREADY DONE _____

SHS does not have clinic staff after hours, so animals brought into the clinic must be picked up at the designated time; the same day surgery is performed. I understand and agree that if I fail to claim my pet at the designated time, I will be responsible for his/her health and welfare. I will also pay additional occurred charges. I further understand that unclaimed pets will be considered abandoned and may become property of SHS. INITIAL _____

If, in the opinion of the attending veterinarian, the animal described above is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the veterinarian may refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the veterinarian. INITIAL _____

If my pet has fleas at time of surgery SHS will apply "Capstar" at an additional charge of \$5.00. INITIAL _____ .

If my pet is found to be pregnant, in heat or internally still swollen from being recently in heat there is an additional charge of \$30.00. INITIAL _____

If my pet is cryptorchid there is an additional charge. INITIAL _____

I understand that after reading and prior to signing this consent I can decline low-cost spay/neuter services and take my pet to a full service veterinary clinic. INITIAL _____

Signature _____ Date _____

Received discharge instructions _____

Surgery Report

Surgery Date _____

Animal Name/ID Number _____ Canine Feline Male Female

Other Services

Rabies DA2PP FVRCP Feline Leukemia Bordetella Heartworm Test Felv/FIV Test Fecal

Microchip Other _____

Weight	LBS	Exam Findings	<input type="checkbox"/> Rabies Verified
			Date Due _____
PreAnesthetic		Anesthetic	Post-op Pain Injection
Buprinex 0.15 mg/ml _____		DKT _____	Buprinex 0.15 mg/ml _____
Burpinex 0.6 mg/ml _____		Ketamine _____	Buprinex 0.6 mg/ml _____
Butorphanol _____			
Acepromazine _____		Diazepam/ _____	
Atropine _____		Midazolam _____	
		Propofol _____	
<input type="checkbox"/> Check here if ISO ONLY			Post-op Medications to go home
			<input type="checkbox"/> Tramadol 50 mg _____ tab(s) PO q 12 hours, 5 days. Begin tomorrow morning.
			<input type="checkbox"/> Tramadol 10 mg/ml _____ ml PO q 12 hours, _____ days. Begin tomorrow morning.
			<input type="checkbox"/> Carprofen: _____ mg _____ tab(s) PO q _____ hours _____ days. Begin tomorrow morning.
			<input type="checkbox"/> Meloxicam 0.5 mg/ml _____ ml PO q 24 hours, _____ days. Begin tomorrow morning.
			Other: _____ _____
Post-Op Surgery Summary			Date Vaccinated _____
Routine OVH _____ ISO Maintained _____			Mfr _____
Pregnant _____	In Heat _____	False Preg _____ Lactating _____	Serial # _____
Routine Neuter _____			Exp _____
Cryptorchid: _____	Bilateral _____	Unilateral _____ L _____ R _____	
Sutures _____	Monocryl _____	Dermalon _____ Gut _____ Glue _____	
Notes: _____ _____			
Veterinarian _____			Tech _____