



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 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 perform only a limited physical examination prior to surgery. 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 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 or in heat there is an **additional charge of \$30.00. INITIAL _____**

If my pet is cryptorchid (retained testicle) there may be an **additional charge of \$50.00. INITIAL _____**

There are increased risks in surgery due to FELV/FIV.

Do you want a FELV/FIV test done (**additional \$27.00**) today before surgery? **CIRCLE ONE: YES NO**

If the result is positive, we will contact you immediately by phone. If you are unreachable, please circle what you want us to do: **CONTINUE SURGERY OR DO NOT DO SURGERY. 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 _____

Public Surgery Report

Surgery Date _____

Animal Name/ID Number _____ Canine Feline Male Female

Other Services

Rabies DA2PP HW Test Bordetella FVRCP Feline Leuk Felv/FIV Test Fecal

Microchip Other _____

Weight	LBS	Exam Findings	<input type="checkbox"/> Rabies Verified
PreAnesthetic SQ		Anesthetic	Date Due _____
Buprenorphine SR _____		DKT _____ IM	Date Vaccinated _____
Buprinex 0.6 mg/ml _____		Ketamine _____ IV	Mfr _____
Acepromazine _____		Diazepam/ _____ IV Midazolam	Serial # _____
<input type="checkbox"/> Check here if ISO ONLY		Post-op Injection	Exp _____
Post-Op Surgery Summary		Antisedan IM _____	
		Carprofen SQ _____	
Routine OVH _____ ISO Maintained _____		Meloxicam SQ _____	
Pregnant _____	In Heat _____	Lactating _____	
Routine Neuter _____		Post-op to go home	
Cryptorchid: _____	Bilateral _____	Unilateral _____	<input type="checkbox"/> E-Collar Size _____
Sutures _____	Monocryl _____	Steel _____	<input type="checkbox"/> Carprofen: _____ mg _____ tab(s) PO q _____ hours _____ days. Begin tomorrow morning.
Scrotal wrap <input type="checkbox"/>	PDS _____	Glue _____	<input type="checkbox"/> Ice pack instructions _____ _____ _____
Ice Pack <input type="checkbox"/>			
Notes: _____			
Veterinarian _____		Tech _____	