

**Butte Humane Society Veterinary Clinic | 587 Country Drive, Chico, CA 95928 | (530) 343-7917 ext. 202**  
**Canine Anesthetic and Surgical Release Form | Page 1 of 2**

Owner Name \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Owner Date of Birth \_\_\_\_\_ Patient Gender (circle) Male or Female  
 Address \_\_\_\_\_ Patient Age or Date of Birth \_\_\_\_\_  
 Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Patient Breed \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Patient Color \_\_\_\_\_  
 Email Address \_\_\_\_\_

Phone number where owner is reachable TODAY \_\_\_\_\_ Alternate ph. \_\_\_\_\_

Significant Other's Name and Phone# \_\_\_\_\_ / \_\_\_\_\_

*\*If not the owner of the animal, please list name and phone number of the person dropping off/picking up this animal for surgery today (Photo ID required) \_\_\_\_\_ / \_\_\_\_\_*

**Procedure to be performed today (circle): Spay or Neuter**

**Please check Yes or No to the questions below, please provide a response if required.**

- Did your pet eat this morning? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is there a possibility your pet may be pregnant at this time? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has your pet ever been pregnant or had a litter before? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
 \*If yes, when? \_\_\_\_\_
- Does your pet have any pre-existing health concerns or problems? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
 \*If yes, please describe: \_\_\_\_\_
- Has your pet ever had a seizure? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has your pet ever had a vaccine REACTION? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
 \*If yes, please describe: \_\_\_\_\_
- Is your pet currently taking any medications? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
 \*If yes, what medications and what for? \_\_\_\_\_
- Is your pet currently on heartworm prevention? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
 \*If yes, when was their last heartworm test? \_\_\_\_\_ Positive or negative result? \_\_\_\_\_
- How long have you owned your pet? \_\_\_\_\_

**Please list the most recent date and location your pet was vaccinated:**

Last vaccine date: \_\_\_\_\_ Clinic/City/State: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please circle (Yes or No) the following services you wish to have performed today:**

Rabies Vaccination	\$14	Y / N	Advantage Flea Prevention (1 month)	\$8-\$15	Y / N
DHLPP Vaccination	\$22.50	Y / N	Frontline Flea/Tick Prevention (1 month)	\$13-\$19	Y / N
Bordetella Vaccination	\$20	Y / N	Heartworm Test (if over 6 months old)	\$23	Y / N
Flu Vaccine	\$38	Y / N	Heartworm Prevention (6 month supply)	\$27-\$47	Y / N
Lyme Vaccination	\$24	Y / N	Capstar (temporary, 24 hour flea treatment)	\$6-\$7	Y / N
Microchip (reg. \$21, \$10 off during surgery)	\$11	Y / N	Pyrantel De-Wormer (treats round/hook/and whipworms only)	\$9	Y / N
Take Home Pain Medicine	\$15-\$25	Y / N	Tapeworm Treatment	\$17-\$35	Y / N
E-collar (protective collar (cone))	\$10	Y / N	Toe Nail Trim	\$0	Y / N

Revolution (topical flea/tick/heartworm prevention) is available to pets with a current heartworm test. \$16.50-\$22.00 per dose. Please circle how many doses you would like 1 / 2 / 3 / 4 / 5 / 6 (up to 6 at a time).

**Please circle (Yes / No): If the conditions below appear upon examination would you like us to provide treatment?** Extract retained baby teeth (prevents future dental problems): \$5 - \$15 per tooth    yes / no

- Tape Worm Treatment: \$17-\$35    yes / no

**Please circle (Yes / No):** In the event of an emergency, I, \_\_\_\_\_, authorize Mariana Turner, DVM, her agents and representatives, to perform any procedures deemed necessary to save the life of my pet, \_\_\_\_\_ **yes / no.**

**Please read and initial that you understand the following items and obligations that accompany your pet's surgical procedure:**

\_\_\_\_\_ I understand that Butte Humane Society uses qualified staffing and approved materials for all procedures performed. I understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.

\_\_\_\_\_ I understand that my dog will be given a dose of pain medication while in the office after the surgery. If I would like pain medication to take home, I must select that on the front of this form.

\_\_\_\_\_ I certify that my dog has been vaccinated within one year prior to this date **or** understand that he/she is not protected from contagious diseases. I understand that it takes up to 2 weeks for vaccines to protect my dog. BHS has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_\_ I understand that if my dog is overweight/obese, this will cause surgical complications and there will be an additional surcharge of **\$25-\$50.**

\_\_\_\_\_ I understand dissolvable sutures and glue will be used on my pet's incision, and if I decline to purchase or provide an e-collar (cone) for my pet to keep him/her from being able to lick the incision, my pet's incision will be at risk of becoming infected.

\_\_\_\_\_ I understand that if there are changes to my dog's uterus from such causes as being in heat, pregnant, or over 2 years old, there will be an additional surcharge of **\$25-\$100.** I understand that if my pet is pregnant, the pregnancy will be terminated at the time of surgery.

\_\_\_\_\_ I understand that female dogs sometimes have an underlying infection of the uterus, known as a pyometra that can sometimes have no visible symptoms, these infections can be fatal and must be handled immediately. Although rare, I understand if my pet has a pyometra, there will be an additional surcharge of **\$50-\$200** for the procedure and antibiotics will be required.

\_\_\_\_\_ I understand that if I do not pick up my dog before 6pm this evening I will be charged an overnight boarding fee of \$25.

\_\_\_\_\_ I understand that if my pet stays overnight there is no staff on the premises 24 hours a day.

\_\_\_\_\_ I understand that if my pet has fleas, it will be given Capstar, a fast-acting short-term flea treatment, at a cost of \$6 to ensure a sterile surgery.

\_\_\_\_\_ BHS operates normal business hours as a public service in Butte County. If you are experiencing an emergency outside our normal business hours please contact the nearest clinic that provides emergency services. BHS specifically disclaims any responsibility or liability for any costs associated with, arising from, or stemming from any treatment, non-treatment, or inability to provide services outside our business hours.

\_\_\_\_\_ Every effort is made to carefully select healthy surgical candidates. However, in any situation where multiple animals are in close proximity, they are at risk of contracting an upper respiratory infection.

\_\_\_\_\_ I understand that as permanent proof of the sterilization, my pet will receive a small green tattoo near the incision or near the umbilicus unless otherwise requested.

**Or**

\_\_\_\_\_ **I do not want my pet to receive a tattoo proving they are altered.**

I, \_\_\_\_\_, hereby certify I am the owner or authorized agent for the owner, of the dog  
Owner Name (please print)  
\_\_\_\_\_, and I give Mariana Turner, DVM, her agents and representatives full authority to  
Pet Name (please print)  
perform a surgical spay/neuter on said animal. I hereby release said Doctor, agents and representatives from any and all liability arising from said surgery, adverse reactions, or unforeseeable events. I understand and accept that although rare, there are inherent risks, including death, involved with any anesthetic and surgical procedure. **Full payment is due at pick up. We accept cash and credit. We do not accept checks unless it is for a donation. We do not accept Care Credit.**

I would like to make a donation in the amount of \$ \_\_\_\_\_ to support BHS in its mission to save animals.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_