

**Butte Humane Society Spay and Neuter Clinic**  
 587 Country Drive, Chico, CA 95928 (530) 343-7917 ext. 202  
**Feline Anesthetic and Surgical Release Form**

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 this animal for surgery today (Photo ID required) \_\_\_\_\_ / \_\_\_\_\_*  
*\*\*If someone other than the owner will be picking up this animal please provide name and phone number \_\_\_\_\_ / \_\_\_\_\_*

**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? \_\_\_\_\_
- How long have you owned your pet? \_\_\_\_\_

**Please list the most recent date and location the following vaccines were given:**

Rabies: Last vaccine date: \_\_\_\_\_ Clinic: \_\_\_\_\_  
 FVRCP: Last vaccine date: \_\_\_\_\_ Clinic: \_\_\_\_\_  
 FeLV: Last vaccine date: \_\_\_\_\_ Clinic: \_\_\_\_\_

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

Rabies Vaccination	\$14	Y / N	FeLV Test	\$25	Y / N
FVRCP Vaccination	\$19	Y / N	FIV/ FeLV Combo Test	\$40	Y / N
FeLV Vaccination	\$23	Y / N	Hernia Repair	\$25	Y / N
Microchip (reg. \$21, \$10 off during surgery)	\$11	Y / N	Heartworm Prevention (6 month supply)	\$30	Y / N
E-collar (protective collar (cone))	\$10	Y / N	Advantage (topical flea treatment, 1 month)	\$8-\$11	Y / N
Cardboard Carrier \$5.75	\$5.75	Y / N	Pyrantel De-wormer (treats round/hook/and whipworms only)	\$6	Y / N
Capstar (fast acting, <u>temporary, 24 hour</u> flea treatment)	\$6- \$7	Y / N	Tapeworm Treatment	\$16-\$21	Y / N

**Please circle (Yes / No): If the conditions below appear upon examination would you like us to provide treatment?** (Because these procedures are performed while your pet is under anesthesia, we need your answer now)

- Extract retained baby teeth (prevents future dental problems): \$5 per tooth    yes / no
- Tape Worm Treatment: \$16-\$21    yes / no
- Ear Mite Treatment: \$20    yes / no

**Please circle (Yes / No):** In the event of an emergency, I, \_\_\_\_\_, authorize Laura Humason, DVM, her agents and representatives, to perform any procedures deemed necessary to save the life of

Owner Name (please print)

\_\_\_\_\_ **yes / no.**

Pet Name (please print)

**Please initial that you have read the following:**

\_\_\_\_ 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 either certify that my cat 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 two weeks for vaccinations to protect my cat. Butte Humane Society has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_ I understand that there will be an additional fee of \$15-\$50 if there are changes to my cat's uterus from such causes as being in heat, pregnant, over 2 years old, or obese. I understand that if my pet is pregnant, the pregnancy will be terminated at the time of surgery.

\_\_\_\_ I understand that if I do not pick up my pet 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 normal 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 all surgical patients under general anesthesia receive a toe nail trim unless otherwise requested by the owner.

\_\_\_\_ I understand that as permanent proof of the sterilization, my pet will receive a small green tattoo near the incision, or near the umbilicus if my pet is a male cat, 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 cat

Owner Name (please print)

\_\_\_\_\_, and I give Laura Humason, 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:** \_\_\_\_\_