Butte Humane Society
Spay and Neuter Clinic
587 Country Drive, Chico, CA 95928
530.343.7917 x202

Feline Anesthetic and Surgical Release Form

Owner Name _____ Patient Name _____

Owner Date of Birth _____ Patient Gender Male _____ Female_____

Address _____Apt #_____ Patient Age or Date of Birth _____

City _____ State_____ Zip _____ Patient Breed _____

Driver's License #_____ Patient Color_____

Email Address _____

Phone Number where owner is reachable **TODAY** _____ Alternate phone _____

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: _____

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 & 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: _____ Where from: _____

FVRCP Last Vaccine Date: _____ Where from: _____

FeLV Last Vaccine Date: _____ Where from: _____

Please CIRCLE YES or NO for the following services you wish to have performed today:

RABIES VACCINATION ($14)	YES / NO	**PYRANTEL DE-WORMER** ($6)	YES / NO
FVRCP VACCINATION ($18)	YES / NO	**ADVANTAGE FLEA PREVENTION**, *1 month* ($8-11)	YES / NO
FeLV VACCINATION ($23)	YES / NO	**CAPSTAR**, *fast-acting, temporary flea treatment* ($6-7)	YES / NO
MICROCHIP ($28)	YES / NO	**FeLV TEST** ($25)	YES / NO
ADDITIONAL PAIN MEDICINE ($15)	YES / NO	**FIV / FeLV COMBO TEST** ($40)	YES / NO
CARDBOARD CARRIER ($5.75)	YES / NO	**HEARTWORM PREVENTION**, *6 month supply* ($30)	YES / NO
E-COLLAR ($10) *Lampshade-shaped protective collar*	YES / NO	**KIDNEY FUNCTION TEST** ($15)	YES / NO
HERNIA REPAIR ($10-40)	YES / NO		

Please CIRCLE YES or NO, if these conditions appear upon examination would you like us to provide treatment?
Because these procedures will be performed while your pet is under anesthesia, we will need your answer now.

EXTRACT RETAINED BABY TEETH *Prevents future dental problems* ($5 per tooth)	YES / NO
TAPEWORM TREATMENT ($16-21)	YES / NO
EAR MITE TREATMENT ($20)	YES / NO

In the event of an emergency, I, _____(Owner Name, please print), authorize Rachel Caspary, DVM, her agents and representatives, to perform any procedures deemed necessary to save the life of _____ (Pet Name, please print).

PLEASE INITIAL THAT YOU HAVE READ AND AGREE TO 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 that 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 disease. 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 obesity. 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 cat before 6PM this evening, I will be charge 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 temporary flea treatment, at an additional 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 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, _____(Owner Name, please print), hereby certify I am the owner or authorized agent for the owner, of the cat, _____(Pet Name, please print), and I give Rachel Caspary, DVM, her agents and representatives full authority to 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.**

Please sign and date below:

Signed: _____ Date: _____