

**Butte Humane Society Veterinary Clinic | 13391 Garner Ln, Chico, CA 95973 | (530) 343-7917 opt. 2**  
**Feline Anesthetic and Surgical Release Form**

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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? \_\_\_\_\_
- Has your cat ever been outdoors? Yes\* \_\_\_\_\_ No \_\_\_\_\_ \*If yes, when did they have their last FELV/FIV/Heartworm test? \_\_\_\_\_ Was the result positive or negative? \_\_\_\_\_
- 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	\$16	Y / N	FIV/ FeLV/HW Triple Test	\$40	Y / N
FVRCP Vaccination	\$24	Y / N	Heartworm Prevention (6 month supply)	\$40	Y / N
FeLV Vaccination	\$28	Y / N	Topical Flea Treatment	\$13- \$19.50	Y / N
Microchip (reg. \$30, \$10 off during surgery)	\$20	Y / N	Pyrantel De-wormer (treats round/hook/and whipworms only)	\$9	Y / N
E-collar (protective collar (cone))	\$10	Y / N	Tapeworm Treatment	\$16-\$21	Y / N
Cardboard Carrier \$5	\$5	Y / N	Toe Nail Trim	\$0	Y / N
Capstar (fast acting, <u>temporary</u> , 24 hour flea treatment)	\$6- \$7	Y / N	Pain Medication Handout	\$0	Y / N

Bravecto Plus (topical flea/tick/heartworm prevention) is available to pets with a current heartworm test. \$42.00 per dose (2 months of coverage in one dose). Please circle how many doses you would like 1 / 2 / 3 / 4 / 5 / 6 (up to 6 at a time)

**In order to ensure a sterile surgery, if any external parasites are observed on your pet (Including ear mites, tapeworms, fleas or any other parasite) Treatment will be administered prior to surgery at a cost of \$6-\$35+ depending on the parasite present and treatment required. My initials verify that I have read, agree to and understand this policy. Initial: \_\_\_\_\_**

**Please circle (Yes / No):** In the event of an emergency, I, \_\_\_\_\_, authorize the Butte Humane Society Clinic's DVMs, agents and representatives, to perform any procedures deemed necessary to save the life of \_\_\_\_\_ **yes / no.**  
Owner Name (please print)  
Pet Name (please print)

**Please circle (Yes / No):** If my pet has retained baby teeth, I would like them removed at the time of surgery to prevent future dental complications at a cost of \$10-\$20 per tooth. **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 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 if my cat is overweight/obese, this will cause surgical complications and there will be an additional surcharge of **\$10-\$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 there will be an additional fee of **\$10-\$50** if there are changes to my cat's uterus from such causes as being in heat, pregnant, or over 2 years old. 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 by 5:15pm 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.

\_\_\_\_ 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 will be given a dose of pain medication while in the office after the surgery. I also understand that I will be sent home with required pain medication intended for this specific pet and will not give this pet any other medication that is not prescribed by a BHS DVM.

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

I, \_\_\_\_\_, hereby certify I am the owner or authorized agent for the owner, of the cat  
Owner Name (please print)  
\_\_\_\_\_, and I give the Butte Humane Society Clinic's DVMs, agents and representatives full  
Pet Name (please print)  
authority to perform a surgical spay/neuter on said animal. I hereby release said Doctor(s), 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:** \_\_\_\_\_