

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. _____
Secondary Owners Name and Phone# _____ / _____

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? When was the last dose? _____

- 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? _____

Is your pet Microchipped? _____

Last vaccine/exam date: _____ Clinic/City, State: _____ / _____

Would you like oral sedatives to go home to help keep your pet calm during recovery? **Circle one:** Y/N

I wish to purchase a surgery package (please initial the line next to the package you would like):

_____ Essentials Package or _____ Premium Package

(Staff: \$ _____)

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

Rabies Vaccination	\$25	Y / N	Vectra Flea/Tick Prevention (1 month)	\$20-\$22	Y / N	Simparica (oral flea/tick prevention) *price is per dose)		Y / N
DHLPP Vaccination	\$32	Y / N	Heartworm / 4Dx Test (if over 6 months old)	\$46	Y / N	Pyrantel De-Wormer	\$9	Y / N
Bordetella Vaccination	\$31	Y / N	Tri-Heart (6 month supply)	Price Varies	Y / N	Send home Sedation Medication	Price Varies	Y / N
Flu Vaccine	\$46	Y / N	Pain Medication Handout		Y / N	Pre-Surgical Blood Work (Optional for pets under 7 years old)	Price Varies	Y / N
Lyme Vaccination	\$39	Y / N	Toe Nail Trim	\$0	Y / N	IV Catheter (Optional for pets under 7 years old)	\$25	Y / N
Rattlesnake Vaccination	\$33	Y / N	E-collar (protective collar (cone))	\$12	Y / N	Microchip (\$10 off during surgery. Reg \$35)	\$25	Y / N

Simparica Trio (oral flea/tick/heartworm prevention) is available to pets with a current heartworm test. \$20.00- \$28.00 per 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 my pet, _____ **yes / no.**

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 understand that my dog 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 indicated for this specific pet and will not give this pet any other medication that is not prescribed by a BHS DVM.

_____ 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-\$100**.

_____ I understand sutures and glue will be used on my pet's incision. If I decline to purchase or provide an e collar (cone) to keep him/her from being able to lick the incision, it 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 by 5:45 pm this evening I will be charged an overnight boarding fee of **\$100**.

_____ I understand that if my pet stays overnight there is no staff on the premises 24 hours a day, and Butte Humane Society is not liable for my pet after business hours.

_____ BHS operates normal business hours as a public service in Butte County. If you are experiencing an emergency, 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.

I, _____, hereby certify I am the owner or authorized agent for the owner, of the
dog Owner Name (please print)

_____, and I give the Butte Humane Society Clinic's DVMs, agents and representatives
Pet Name (please print)

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.

Signed: _____

Date: _____