

Date of Surgery



Animal ID #

Sterilization Admission Form

Form fields for personal and pet information: Your First Name, Your Last Name, Your Pet's Name, Pet's DOB, Pet's Breed, Pet's Color, Address, City, State, ZIP, Phone Number, Alternate Phone Number, Email Address.

The Humane Society of Huron Valley uses qualified staff & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and ensure you understand the following before signing your name:

I, acting as owner or agent of the pet named above, hereby request and authorize the Humane Society of Huron Valley, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

INITIAL EACH LINE BELOW

- Initial lines for consent: I understand that the operation presents some hazards... I either certify that my animal has been vaccinated... I understand that if my animal has received vaccinations previously... I understand that it is in my animal's best interest to have blood work performed... I certify that my animal is in good health... I understand that the HSHV Clinic has the right to refuse service... I understand that the HSHV Clinic may not perform a complete physical examination... I understand that the HSHV Clinic is a high volume Spay/Neuter Clinic... I understand some factors significantly increase surgical risk... I understand that if my animal is pregnant, the feti will not survive... I understand that if my animal has an open umbilical hernia... I understand that if live fleas are found... I understand that if my animal is found to be cryptorchid... I understand that I will be charged a \$15 late fee... I will be charged a \$35 boarding fee...

Date of Last Vet Visit: Date of Last Heartworm Test/Result dogs: Any Past Surgeries or Health Concerns: YES or NO Name of Regular Vet: If YES, please Explain:

I hereby release the Humane Society of Huron Valley, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Requested Vaccines and Services

- Requested Vaccines and Services: Rabies Vaccine dog (1yr) \$25\*, Rabies PureVax cat (1yr) \$35\*, Distemper Vaccine \$25\*, Leptospirosis (Dogs) \$25, Feline Leukemia PureVax (Cats) \$35, FeLV/FIV Test (Cats) \$35

\* required service w/out proof of vaccination

\*\*must have negative test first

I HAVE PROOF OF CURRENT RABIES AND DISTEMPER VACCINATIONS

- Bordetella (Dogs) \$30, Microchip \$30, Heartworm Test (Dogs) \$35 \*required for dogs 7 months and older

Blood Work - MUST CHOOSE ONE

- Blood Work - MUST CHOOSE ONE: Full Chemistry Panel \$100 \*\*\*, Pre-Anesthetic Panel \$85, Decline (Initial if decline), Blood Work has already been done within the past six months and we have records

I would like to donate to help keep surgeries affordable and save lives in my community \$

SIGNATURE

DATE