

# Anesthetic Procedure Form

(Office use only) Animal ID #:

Date:

Your First Name \_\_\_\_\_ Your Last Name \_\_\_\_\_ Circle One: CAT DOG OTHER

Your Pet's Name \_\_\_\_\_ Pet's date of birth \_\_\_\_\_ Circle One: MALE FEMALE

Pet's Breed \_\_\_\_\_ Pet's Color \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (where we can reach you TODAY) \_\_\_\_\_ 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:**

**Procedures to be Performed:** \_\_\_\_\_

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 BELOW**

- I understand that the operation or procedure presents some hazards and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure and some risk in the use of anesthetics and drugs provided for the procedure.
- I either certify that my animal has been vaccinated within 1 year prior to this date, or request recommended/required vaccinations at the time of surgery. I understand that it takes up to 2 weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. **I understand that if my pet develops kennel cough or URI after surgery, I am responsible for treatment at my own cost.**
- I understand that if my animal has received vaccinations previously and I neglect to provide proof of said vaccines by **10:00am** on the day of surgery, the HSHV Clinic will revaccinate (rabies and/or distemper) my animal and I will be responsible for the cost (at time of pickup).
- I understand that it is in my animal's best interest to have blood work performed and that a full chemistry panel is **REQUIRED** for animals that are 7 years and older.
- I certify that my animal is in good health and, if an adult (4 months or older), has had no food since 12:00 midnight the evening prior to surgery.
- I understand that the HSHV Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that some factors significantly increase surgical risk, including but not limited to: diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia Virus (FeLV), obesity, and heartworms or heart disease.
- I understand that if my animal is pregnant, the feti may not survive the procedure.
- I understand that if my animal has an open umbilical hernia it will be repaired at the time of surgery at an additional charge of \$50-80 depending on complexity.
- I understand that if live fleas are found on my animal I will be charged a \$5 fee (at time of pickup) for Capstar medication given to keep the surgical site sterile and free of fleas.
- I understand that if my dog is 100lb or over, there will be an additional charge of \$75 to compensate for additional anesthetic drugs needed for a dog that large and I am responsible for this cost (at time of pickup).
- I understand that my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.
- I understand that my animal will receive a free toe nail trim while under sedation unless I request otherwise.

**Date of Last Vet Visit:** \_\_\_\_\_ **Date of Last Heartworm Test/Result (dog):** \_\_\_\_\_ **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. Owner/ agent hereby agrees to indemnify and hold Humane Society of Huron Valley harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Requested Vaccines and Services OR

**I HAVE PROOF OF CURRENT RABIES AND DISTEMPER VACCINATIONS**

Dogs:

- Rabies 1 Year Vaccine \$25\*
- Rabies 3 Year Vaccine \$35\*
- Distemper 1 Year Vaccine \$25\*
- Distemper 3 Year Vaccine \$35\*
- Leptospirosis \$25 (or \$0 w/Distemper)
- Bordetella Vaccine \$30
- Microchip \$30
- Heartworm Test (Dogs) \$35

\* required service w/out proof of vaccination

Cats:

- Rabies PureVax 1yr \$35\*
- Distemper 1 Year Vaccine \$25
- Distemper 3 Year Vaccine \$35
- FeLV PureVax Vaccine \$35\*\*
- FeLV/FIV/HWT Test \$35
- Microchip \$30

\*\*A negative test is required before administration

Bloodwork: (required on animals 7 years or older or large breed dogs 4 years and older)

- Full Chemistry Panel \$120
- Pre-Anesthetic Panel \$97
- Decline \_\_\_\_\_ (Initial if decline)
- Bloodwork has been done in the last 6 months and I have records

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_