

Patient Information

To be completed **the day of** a spay/neuter or dental procedure

Today's date: ____/____/____



Client's name: _____

Pet's name: _____

When did your pet last have food and/or water? Date: ____/____/____ Time: _____

If your pet is female, when was her last heat cycle? _____

Was it normal? If no, please explain, _____

Has she had a litter? If yes, when? _____

Was the delivery normal or via c-section? _____

Please be advised that surgery on animals in heat is more difficult and carries increased risk.

	Yes	No	If Yes, Please Explain
Has your pet ever had a seizure?			
Been diagnosed with a heart murmur?			
Experienced sneezing, coughing, vomiting and/or diarrhea in the last 2 weeks?			
Has your pet's energy level or food/water intake changed in the last 2 weeks?			
Does your pet have any allergies?			
Any health concerns (hernia, cryptorchid, illness)?			
Any past injuries (hit by car, bite wounds, etc.)?			
Any prior surgery?			
Any prior medical attention for major issues?			
Any prior reaction to vaccines and/or medication?			
Is your pet taking or has your pet taken any medications in the past 30 days?			
Does your pet receive heartworm preventative?			Type: _____ Date last given/applied: _____
Does your pet receive flea preventative? <i>For the safety and wellness of all patients, any pets with live fleas will be administered preventative at the owner's expense.</i>			Type: _____ Date last given/applied: _____
Is your pet aggressive or fearful with strangers?			
Has your pet bitten/scratched anyone in the last 10 days?			

Consent for Spay/Neuter Procedure

To be completed prior to each sterilization procedure



Today's date: ____/____/____

Client's name: _____ Pet's name: _____

I, being of legal age and responsible for the animal herein, have the authority to grant the C.A.R.E. Clinic and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat, and/or perform sterilization surgery upon the animal named above.

I have been advised and understand the following:

1. Modern techniques and trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the C.A.R.E. Clinic, its staff, volunteers and agents will not be held liable or responsible in any manner and that I assume all risks.
2. I have been informed and understand that there are certain risks and complications associated with any operation or anesthetic procedure. I further understand that during the course of this procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as a hernia repair or the administration of intravenous fluids, the attending veterinarian may, in his/her absolute discretion, perform such a procedure and I agree to pay reasonable additional charges, if any. Additionally, I understand that if it is determined that my animal is in heat or pregnant additional fees will be assessed.
3. As long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
4. It is strongly recommend that you visit your veterinarian so that your animal can have a thorough exam, to discuss your animal's care, and to have any recommended vaccinations/testing performed. Our medical staff will make every attempt to examine each animal before surgery, but the noisy environment in the clinic may limit our ability to listen to your animal's heart and lungs. Also, for clinic staff safety, we often must sedate aggressive animals or animals not up to date on rabies vaccination without prior exam. By signing this form, you are acknowledging that you 1) have previously had your animal examined at a full-service veterinary clinic and had all recommended pre-op testing and vaccinations performed, or 2) are waiving the right to do so and acknowledge that your animal may be at increased risk for contracting airborne disease or sedated with a partial exam or no exam at all.
5. Animals must be picked up from the clinic at the time designated by clinic staff on the day of surgery. I understand that failure to arrive before closing time may result in additional charges being assessed. If I do not claim the animal, I understand that after 24 hours, the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by the C.A.R.E. Clinic. I understand that once any animal has been abandoned, I relinquish all ownership rights and will be held responsible for any and all costs, including but not limited to medical and boarding expenses.
6. For aggressive dogs and feral cats, only basic exams, which includes checking for eye and nasal discharge and looking at the animal's general body condition, will be conducted. Temperature, pulse, and respiration will not be taken prior to surgery.
7. **By initialing here, I acknowledge receipt of post-operative instructions. _____ (initials required)**
8. **By initialing here, I understand that in an effort to indicate that my animal has been spayed/neutered, the C.A.R.E. Clinic will tattoo my animal. The tattoo will show as a small green mark on either side of the incision. This mark should not be confused with infection or gangrene and should not cause my animal any pain or discomfort or any other reaction. _____ (initials required)**

Signature: _____ Date: _____

Disclosure Form

Client's name: _____



Virginia law requires that all clients read and acknowledge the following:

I have been advised and understand that "continuous care/hospitalization" as defined by the State Legislature (i.e., 24-hour presence of a veterinarian) is not available at the Chesapeake Humane Society Care Clinic. "Continuous care" is available after hours at local emergency clinics. Any animal left in this clinic after normal hours will be unattended by veterinary staff.

Normal Business Hours for Veterinary Staff:

Tuesday, Wednesday, Thursday and Friday from 8:00am to 3:00pm

Therefore, no continuous medical care is provided between the hours of 3:00 pm and 8:00 am, Tuesday through Friday. Additionally, no continuous medical care is provided between 3:00 pm Friday and 8:00 am the following Tuesday.

Normal Business Hours for Administrative Staff:

Tuesday, Thursday and Friday from 8:00 am to 4:00 pm

Wednesday from 8:00 am to 6:00 pm

Saturday, Sunday from 12:00 pm to 4:00 pm

Signature

Date