



Surgery Admissions Form

OWNER INFORMATION (Please print legibly.)

First name _____ Last name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ Cell phone _____ Email _____

PET INFORMATION (Please complete one admissions form per pet.)

Dog Male
 Pet's name _____ Cat Female How long have you owned your pet? _____
 Breed/mix _____ Color _____ Age _____
 Is your pet taking any medication? Yes No If yes, what medications? _____
 What health problems, if any, does your pet have? _____
 Has your pet ever been vaccinated? Yes No If yes, when? _____
 Has your pet ever had an adverse reaction to vaccines, medications or anesthesia? Yes No
 If yes, please explain: _____

PROCEDURE(S) REQUESTED

SPAY/NEUTER

Pain medication is included with all surgeries. All dog neuters include an Elizabethan collar.

Dog: \$75 Dog (100+ lbs.): \$100 Cat: \$10 Cryptorchidism: \$20 extra

PET DENTAL CLEANING

This includes scaling, polishing, pain medication and antibiotics. If any teeth are loose or decaying, they will be pulled at the discretion of the veterinarian.

Cat: \$50 Dog: \$75

PATIENT BLOODWORK (Full CBC/Chemistry) \$65

- required for spay/neuter patients seven years and older
- required for dental patients five years and older

SERVICES REQUESTED

If you're unsure about what your pet needs, please ask our staff for assistance. Vaccinations do not include boosters if applicable.

DOG

- Rabies vaccine (> 3 months): \$12
- Parvo combo vaccine (DA2PPV): \$12
- Bordetella vaccine (kennel cough): \$12
- Express anal gland: \$5
- Heartworm test (> 6 months): \$10
- Heartworm prevention (6-month supply):
 2 – 25 lbs. \$25 26 – 50 lbs. \$30 51 – 100 lbs. \$35
- Nail trim: \$5
- Routine deworming: \$10
- Implantable microchip: \$20

ALL 3 ONLY
\$30 AT TIME
OF SURGERY

CAT

- Rabies vaccine (> 3 months): \$12
- Feline distemper combo vaccine (FVRCP): \$12
- Feline leukemia vaccine (> 9 weeks): \$12
- Feline leukemia/FIV combo test: \$25
- Feline tapeworm treatment: \$10
- Nail trim: \$5
- Routine deworming: \$10
- Implantable microchip: \$20

Would you like to make a donation to help homeless cats and dogs? \$1 \$5 \$10 Other \$ _____

Please read and sign the back of this page.



Surgery Admissions Form

_____ **I understand** there is some risk inherent in the procedure and in the use of anesthetics and drugs used to provide this service. I understand that these risks could conceivably result in the injury or death of my animal.

Choose One:

_____ I certify that my animal's vaccinations are up to date;

OR

_____ My animal's vaccinations are not up to date. I acknowledge that I am voluntarily assuming the risk that my animal may be exposed to an increased risk of harm as a result of potential exposure to other animals and illnesses in the clinic. I am knowingly waiving any claims that may arise as a result.

_____ **I certify** that my animal is in good health and is at least eight weeks of age. I understand that Best Friends Animal Society has the right to refuse service to any animal for whom surgery is deemed a health risk.

_____ **I understand** that if my animal is not picked up within 30 minutes of pickup time, I will be charged a \$20 late fee, along with a \$20 boarding fee each night my animal must be cared for. I further understand that if I do not claim my animal after 24 hours, the animal will be considered abandoned and the animal will be handled in accordance with policies established by Best Friends Animal Society. I understand that once any animal has been abandoned, I will be held responsible for any and all medical costs, including boarding expenses.

_____ **I understand** that my cat(s) must be brought in a secure plastic carrier or humane trap and dog(s) must be on short leash.

_____ **I agree** to pay for any unanticipated expenses involving the procedure or after-care of my animal.

_____ **I understand** that for sterilization procedures tattoo ink may be applied to the incision site of my pet(s). This makes it easier for shelter and veterinary staff to identify that a pet has been spayed or neutered, thus avoiding unnecessary anesthesia or euthanasia.

_____ **I understand** and agree to the post-operative instructions provided to me by Best Friends Animal Society

_____ **I understand that if my pet is pregnant when getting spayed, the pregnancy will be terminated.**

I hereby release Best Friends Animal Society including its officers, directors, employees (including its veterinarians, veterinary assistants, and all Spay and Neuter Clinic staff), agents and volunteers from any and all claims arising out of or connected with the performance of this sterilization surgery, dental services, or other procedure. I agree that I have not or will not claim any right of compensation from Best Friends Animal Society, or any of them, or file any action based on the sterilization of such animal or other agreed-upon services provided on behalf of the animal or any consequences related thereto, including claims related to my failure to have my animal vaccinated prior to the provision of services.

Signature _____ Date _____

Name (print) _____