



Medical/Surgical Release Form Dog

8411-133A Garvey Drive, Raleigh NC 27616 919-872-7730

Owner's Name Home Address City State Zip Phone Email Address: What number can we reach you today?

Today's Date: Emergency Contact Information: Name: Phone Number: How did you hear about SAFE Haven for Cats?

Animal Information:

Name: Age (if known): Date of last distemper vaccine: Date of last rabies vaccine: Does your dog have any known medical problems?

Description: When did your dog last eat? Is your dog on flea/tick preventative? Is your dog on heartworm preventive? Is your dog on any medication?

Please read carefully and initial the following statements:

I, acting as owner or agent of the animal described above, hereby request and authorize SAFE Care Feline Spay/Neuter Clinic, through whomever veterinarian they may designate, to perform an operation for sexual sterilization of the animal listed above on this form. I understand that any surgical procedure has risks and potential complications associated with the procedure and anesthesia. I understand these risks and complications could lead to injury or even death of the patient. All patients will receive a physical exam to screen for underlying health concerns but many health conditions are not apparent on basic physical examination. I either certify that my animal has been vaccinated within one year prior to this date OR request recommended vaccinations at the time of surgery. I understand that it takes up to four weeks for vaccinations to protect my animal. I understand that SAFE Care Feline Spay/Neuter Clinic has the right to refuse any service to any animal to whom surgery is deemed a health risk. If my pet is deemed a higher anesthetic risk, I will fill out the informed consent waiver for high risk procedures. I certify that my animal is in good health and food withheld as instructed. If my animal has known health conditions, it is listed above. I understand that if my animal is pregnant, the pregnancy will be terminated during surgery. Pregnant spays pose a higher anesthetic risk. I hereby release SAFE Care Feline Spay/Neuter Clinic, 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 vaccines. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I understand that pre-surgical blood panels are not offered or performed at SAFE Care. Should any animal destabilize during or immediately after a surgical procedure, SAFE Care may assume the financial costs associated with emergency veterinary care required to stabilize the patient. This may include, but is not limited to, recovery at a specialty hospital for observations, oxygen supplementation, diagnostic procedures such as ultrasounds or radiographs to determine the cause of the destabilization. SAFE Care does not, in assuming these costs, admit to any negligence or wrongdoing, and the costs incurred serve only to prove that complications are not the result of surgical error.

Signed Date

Services included (as needed): Physical exam, sterilization with pain medications, tattoo, DHPP vaccine, Rabies vaccine, nail trim. \$85.00 Package. All dogs will receive a pre-operative injection (Carprofen) for pain. Additional services listed on back

Additional Services: Please circle YES or NO for each of the following services. Additional costs apply as noted.

YES NOVectra 3D single dose - \$10

YES NOVectra 3D 6 month supply - \$60

Topical flea and tick preventative for dogs.

YES NOHeartworm Test - \$15

Recommended for all dogs

YES NO.....I would like to make a donation to help other pets

get spayed or neutered \$85 ___ \$35 ___ Other \$ _____

YES NO...Additional Pain Medication (2 doses to go home) - \$10

YES NO..... Microchip - \$15

Provides permanent identification. Recommended for all pets.

Registration is included.

YES NO..... Drontal (oral dewormer) - \$15

To be completed by SAFE Care staff:

Charges and Payment

Surgery Package

Voucher*: _____

Extras:

Vectra 3D
1month....._____

Vectra 3D
6month....._____

Heartworm Test_____

Pain Medication....._____

Microchip....._____

Drontal
....._____

TOTAL CHARGES

*Note: Vouchers do not include additional services.

Donation