

Guardian information:

_____ last name first name _____

_____ street address city, state zip code _____

_____ cell phone home phone Email address _____

_____ animal name breed/color age _____

dog cat rabbit

male female

Has your pet had a recent illness? No Yes (If yes, please describe)
 Also please list any medications (prescription and over-the-counter) your pet is currently receiving.

to be filled out by medical staff

A#/ID _____ weight _____ kennel # _____

_____ nail trim with Sx

_____ TAG

_____ e-collar size # _____

_____ Ket/Val

_____ special Sx fee \$ _____

_____ Pain med

_____ special handling \$ _____

_____ microchip

_____ Suture

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Sx type

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TH metacam _____ cc PO SID x _____

TH tramadol _____ tabs PO SID x _____

Physical assessment by veterinarian: heart – ears – lungs – eyes – oral mucus mem color

Dr. signature/date _____

Notes:

Release for Surgery

(must be signed by guardian/owner prior to admittance of pet for surgery)

HSSV requires documentation that FVRCP and Rabies for cats and DA2PP, Bordatella and Rabies vaccines for dogs were administered at least five (5) days prior to surgery. If you do not have documentation for these vaccines, you will be turned away from surgery. This is to protect your pet from possible exposure to infectious disease.

- 🐾 HSSV Medical Center Staff will practice accepted veterinary medical standards while administering anesthesia and performing surgery. I understand there are certain risks inherent with anesthesia and surgery and that circumstances can arise beyond such standards. I therefore agree that HSSV, its director and veterinarian or paramedical personnel will not be held responsible in the event of this animal's death, injury or escape. In addition, I agree to indemnify, defend and hold harmless HSSV in case of such an event. _____ (Init.)
- 🐾 I understand that it is recommended that my veterinarian check this animal prior to surgery for any health problems which could complicate anesthesia or surgery. To my knowledge, this animal does not currently have any health problems. _____ (Init.)
- 🐾 In the event that this animal has problems at home which may be related to this surgery, I will attempt to contact the Humane Society Silicon Valley's Medical Center. **Post-operative rechecks are subject to an examination fee and payment for each medication prescribed.** If such problems occur when the clinic is closed, I will get veterinary attention for the problem in a timely manner and I acknowledge that this care will be obtained at my own expense. If the problem is not surgery related, I will contact my own veterinarian for treatment. _____ (Init.)
- 🐾 Should the HSSV staff feel that staff or this animal's health and/or safety is at risk due to this animal's behavior while this animal is at HSSV, HSSV staff reserves the right to refuse to perform the requested procedure and will contact the owner to pick up the animal with possible forfeiture of the surgery deposit. _____ (Init.)
- 🐾 I understand that I am responsible for the basic spay/neuter fee and all additional costs connected with medical procedures performed upon this animal and will pay said costs prior to release of the animal to my care. Should the animal not be picked up on the day of surgery, I will be responsible for a boarding fee. If I fail to reclaim the animal within fourteen (14) days of receiving written notice to do so, I waive my claim to said animal. Furthermore, I authorize the Humane Society Silicon Valley, at its sole discretion to dispose of the animal appropriately. I understand that failure to reclaim the animal does not relieve me of the obligation to pay the costs of services rendered. _____ (Init.)

As the guardian/owner or agent for the said animal, I authorize the Humane Society Silicon Valley's Medical Center to prescribe medication, treat or perform surgery on this animal as needed.

Guardian signature

Date