



The Best Place to Adopt a Pet

Owner information:

last name first name co-owner name
street address city, state zip code
cell phone home phone e-mail address
Dog Cat Rabbit

pet name breed/color age gender M F

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

Empty text box for medication details

To be filled out by medical staff

Vax records seen/approved

A#/ID weight kennel #

nail trim with Sx TAG

e-collar size # Ket/Val

special Sx fee \$ Pain med Bup Mor

special handling \$ Suture

microchip Sx type

TH metacam cc PO SID x
TH tramadol tabs PO TID x
TH tramadol cc PO BID x

Physical assessment by veterinarian: heart - lungs - eyes - ears - oral mm 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