



Humane Society Silicon Valley
 901 Ames Avenue
 Milpitas, CA 95035
 408-262-2133

Spay/Neuter Surgery Check-In

Owner Information

1

Name (First and Last)	
Street Address	
City, State, Zip	
Home and Cell Numbers	
<i>Co-owner Name (First and Last)</i>	
<i>Co-owner Home and Cell Numbers</i>	
Best phone number, in case of an emergency	
Email	

Pet Information

2

Name			
Type (circle)	Dog	Cat	Rabbit
Gender (circle)	Male		Female
Age or Birthdate			
Primary Breed / Mix			
Color / Markings			
If your pet has had a recent illness, previous surgical procedure, or any other medical condition requiring veterinary care, please provide details including prescription medication your pet is receiving			
Please list any over-the-counter medications, or supplements your pet is receiving			
When did your pet last eat?			

*** Please complete the backside of this form ***



Surgical Procedure Consent and Waiver

Please READ and initial as appropriate below to indicate your understanding of the following:

<p>_____</p> <p>initial</p>	<p>The staff at Humane Society Silicon Valley has asked me to verify the age of my pet, and has also recommended patients over the age of 7 years, or under 4 months of age, are taken to a veterinarian where they can have health/wellness check prior to surgery. I understand that by not knowing my pet's age, it may be determined that they are not appropriate for surgery.</p>
<p>_____</p> <p>initial</p>	<p>I decline to protect my animal by having him/her vaccinated prior to the surgery date (it can take up to 5 days after administration for vaccines to protect my animal). I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.</p>
<p>_____</p> <p>initial</p>	<p>I understand that Humane Society Silicon Valley has the right to refuse service to any animal for which surgery is deemed a health risk.</p>
<p>_____</p> <p>initial</p>	<p>I understand that it is the Humane Society Silicon Valley's recommendation that my private veterinarian perform a <u>comprehensive physical exam</u> prior to surgery and that Humane Society Silicon Valley will only perform a pre-surgical physical examination.</p>
<p>_____</p> <p>initial</p>	<p>I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, being in heat, age, and behavior issues.</p>
<p>_____</p> <p>initial</p>	<p>I understand that during a spay procedure, if my animal is found to be pregnant, in accordance with normal Humane Society Silicon Valley policy, the pregnancy will be terminated, and the spay procedure will proceed.</p>
<p>_____</p> <p>initial</p>	<p>I understand that Humane Society Silicon Valley <u>does not</u> perform pre-surgery lab work* and <u>does not</u> routinely use IV catheter placement** during surgery. Upon request we may perform lab work for a fee of \$95 per patient.</p>
<p>_____</p> <p>initial</p>	<p>In the event that my animal has problems at home which may be related to surgery, I will attempt to contact the Humane Society Silicon Valley Medical Center. If the Medical Center is closed I will get veterinary attention in a timely manner and I acknowledge that this care will be at my own expense.</p>
<p>_____</p> <p>initial</p>	<p>I understand that if I fail to pick up my animal as directed that I may be responsible for boarding fees. 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.</p>

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.

→ **Your Name** BE IT KNOWN, that _____
an individual, (hereinafter referred to as "Releasor"), for and in consideration of the performance of the medical procedures requested by releasor, and other valuable consideration received from or on behalf of Humane Society Silicon Valley, its officers, directors, employees and consultants (hereinafter referred to as "Releasee"), does hereby remise, release, acquit, satisfy, and forever discharge the said Releasee, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, controversies, agreements, promises, claims and demands whatsoever, which said Releasors ever had, now has, or which any personal representative, successor, heir or assign of said Releasor, hereafter can, shall or may have, against said Releasee, by reason of any matter, cause or thing whatsoever, from the beginning of time to the date of this instrument.

All parties acknowledge they are aware of, understand, and expressly waive the application of California Civil Code Section 1542, as it applies to claims released by each party. Section 1542 states, "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

→ **Today's Date** IN WITNESS WHEREOF, the said Releasors has hereunto set hand and seal this ____ day of _____, 20____.

→ **Your Signature** _____, an individual
Guardian / Owner / Agent signature

Staff initials

* A pre-surgical physical exam will be performed prior to anesthetizing your pet. However, not all conditions (such as liver, kidney, metabolic, and blood disorders) can be identified with physical exam alone.

**Intravenous catheter placement allows for IV fluid administration during and after surgery to maintain optimal blood pressure. It also allows for the immediate administration of IV emergency drugs should an anesthetic complication arise requiring their administration.