



Spay/Neuter Surgery Check-In

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

Owner Information



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/Cell Numbers</i>	
Phone # in case of emergency	
Email	

Pet Information



Name	
Type (circle)	Dog Cat
Gender (circle)	Male Female
Age or Birthdate	
Primary Breed / Mix	
Color / Markings	
<u>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</u>	
<u>Please list any over-the-counter medications, or supplements your pet is receiving.</u>	
When did your pet last eat?	
Are you interested in getting your pet microchipped today?	YES / NO If NO, please initial here _____
If medication is prescribed, would you like a consult?	YES / NO If NO, please initial here _____
How did you hear about us?	<input type="checkbox"/> HSSV website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Flyer <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____

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



Surgical Procedure Consent and Waiver

Please READ and initial below to indicate your understanding and agreement to the following terms. If you do not agree with any of the terms PLEASE DO NOT SIGN THIS AGREEMENT.

_____ initial	I agree that I am the owner of the pet described on this form.
_____ initial	I understand and agree that my pet will be placed under general anesthesia for a spay or neuter surgery today resulting in sterilization. My pet will receive injectable anesthetic drugs and will be maintained on gas anesthesia supplemented with pure oxygen for the duration of the surgery.
_____ initial	A spay or neuter surgery is an elective surgery generally performed on healthy animals. I acknowledge and agree that my pet undergoing a spay or neuter surgery today is in good physical health.
_____ initial	I understand that there are medical risks associated with surgery, including, but not limited to, infection, hemorrhage, allergic reaction, anesthetic drug reactions, anesthesia-induced cardiac compromise, and death.
_____ initial	I understand that my pet will receive a pre-surgical physical exam by the surgeon, but will not receive a comprehensive cardiac exam or other diagnostic tests prior to surgery.* 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. <u>Lab work can be performed for an additional fee of \$95 per patient.</u>
_____ initial	The staff at Humane Society Silicon Valley has explained to me the increased risks of surgery for dogs and cats over the age of 7 years . I understand that the recommendation for dogs and cats over the age of 7 years is to be taken to a full-service veterinary clinic where a full senior animal diagnostic workup, including lab work, can be performed prior to surgery. Pets over the age of 7 may be declined for surgery at the discretion of the surgeon.
_____ initial	I understand that Humane Society Silicon Valley requires all surgery patients to be up to date on core vaccines. If my pet is not up to date, I understand and agree my pet will be vaccinated at the time of surgery, which will incur an additional cost. I understand that it is recommended that pets be vaccinated prior to surgery as it may take up to a week or more for my pet to be fully protected against certain infectious diseases.
_____ initial	I understand that Humane Society Silicon Valley has the right to refuse service to any animal for which surgery is deemed a health risk in the surgeon's sole discretion.
_____ initial	I understand and agree that during a spay procedure, if my pet 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.
_____ initial	I understand and agree that if during the surgery, a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the surgeon may, in his/her sole discretion, perform such procedure. I understand and agree that Humane Society Silicon Valley will attempt to reach me if such a situation arises, but the surgeon may use his/her discretion and clinical judgement how to proceed. I understand and agree I will be responsible for any additional charges.
_____ initial	I understand and agree that a small permanent tattoo will be placed in the area of the incision to permanently indicate that my pet has been spayed or neutered.
_____ initial	In the event that my pet has problems at home after surgery, I will attempt to contact the Humane Society Silicon Valley Medical Center. If the Medical Center is closed, I agree I will seek veterinary attention in a timely manner. I understand and agree that all post-surgery care will be at my own expense.
_____ initial	I understand that if I fail to pick up my pet as directed that I may be responsible for boarding fees. If I fail to reclaim my pet within 48 hours of receiving written notice to do so, my pet will be considered abandoned and made available for adoption, released to a rescue group or euthanized if dangerous to other animal or people, or suffering from an untreatable medical condition. I understand that failure to reclaim my pet does not relieve me of the obligation to pay the costs of services rendered.

As the owner for the pet described on this form, I authorize Humane Society Silicon Valley, including its agents and employees, to prescribe medication, treat or perform surgery on my pet as needed.

I hereby agree to release, discharge, indemnify, and hold harmless Humane Society Silicon Valley, including its agents and employees, for any and all claims arising from or related to the medication, treatment, or surgery contemplated herein, including unknown or unsuspected claims.

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 THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.**"

Owner Signature _____ **Date** _____

* 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.