

I understand that my pet will receive a **small tattoo** on their underside to show that they have been sterilized.

I understand that some factors significantly increase surgical risk, including, but not limited to, age, pregnancy, *heat*, and diseases such as kennel cough and heartworms.

I understand that **additional charges** will apply for animals with hernias, undescended testicles, in heat or pregnant animals and pyometras.

I understand that any animal found to be pregnant during her sterilization procedure will have her pregnancy terminated.

I understand that PAWS has the right to refuse service to any animal to whom surgery is deemed a health risk.

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. I understand that if my pet develops kennel cough after surgery, I am responsible for treatment at my own cost.

I hereby authorize the surgical sterilization of the aforementioned animal. To my knowledge the above animal is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am at least 18 years of age and the owner of the above animal or am responsible for it and have the authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine necessary. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that I understand additional charges may apply and any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless the Paws Humane Society Veterinary Clinic and the attending veterinarians from and against any and all liability arising out of the performance of all procedures referred to above.

Pet Owners Signature: _____ **Date:** _____

FOR STAFF USE ONLY Pet's Name _____

S: BAR Abn O: PE= WNL Abn A: Surgical Candidate Y N
P: Surgery Y N TPR: WNL Abn

Type of SX: Spay/Neuter Other Procedure: _____

Exam Abnormality: _____

Over/Underweight Ear Concerns Skin Abnormalities Tapeworms Dental Concerns Fleas/Ticks

Premed: _____ Butorphanol 10mg/ml SQ or IM _____ Ace 10mg/ml IM or SQ _____ Morphine 25mg/mL SQ
Induction: Ketamine _____mls IV or IM Midazolam _____mls IV Isoflurane maintenance

Analgesia Meloxicam(5mg/ml) _____ mls SQ Bup(0.3mg/ml) _____mls PO
Additional: Euthasol: _____ mls IV Initials: _____
Antisedan: _____mls IM Lidocaine _____mls IT

Post Op Rx
Novox Tramadol Meloxicam Give _____ tab mL _____mgs by mouth _____times a day for _____days.
PPO Give all _____tablets by mouth with a full meal for deworming

Spay - Ventral midline incision, ovarian peds: Instrument tie Millers Suture _____
Uterine stump: Millers Transfixation Suture _____
Abdominal closure: Cruciate Simple interrupted Simple continuous Suture _____
SQ closure: Simple continuous Suture _____
Skin: Intradermal _____
Neuter - Skin incision: Pre-scrotal Scrotal Technique: Open Closed
Cord ligation: Instrument tie Millers Suture _____
SQ/skin closure: none/open Simple continuous/intradermal Suture _____

Rabies
DA2PP
Bordetella
HWT Neg/Pos
Nail Trim
Anal Glands _____
E-Collar _____
Praziquantel _____ mL SQ

In Heat
Pregnant
Cryptorchid I A
Hernia Repair I U
Previously Altered
Declaw Removal

Microchip/Vaccine Stickers

Vet

Weight LBS



Paws Humane Society Pet's Name _____ Age _____ Sex _____
 4900 Milgen Road Breed _____ Color _____
 Humane Society 706-987-8380

Animal ID No. _____
 Paid _____

Surgery Date _____ Last Name _____ First Name _____ Phone Number _____
 Address _____ City, State, Zip _____ Email address _____

When did your pet last eat or drink? _____ Would you like to make a Donation? Please add \$ _____ to my bill.

DOG PET OWNERS

Has your dog ever had an allergic reaction to a vaccine or medication? Yes No

Is your dog currently taking any medications? (Aspirin, allergy meds, etc) Yes No

Has your dog ever had a seizure? Yes No

What illness has your dog had in the past two weeks? Coughing Sneezing Weight Loss Vomiting Diarrhea Loss of appetite

Explain: _____

It is **required** that your pet is current on their rabies vaccination, paper proof is required. Will we be vaccinating your pet for rabies today? **\$12 Yes No**

Microchipping is permanent identification that is placed just underneath your pet's skin between their shoulder blades. The microchip connects your contact information to your pet and can be very beneficial in returning lost pets to their owners. Would you like your pet microchipped today? **The cost is included in the price for surgery.** Yes No

Your pet will receive a pain injection today that will last for 24 hours. For your pets comfort we recommend additional take home meds. Post-operative pain medications help control pain and swelling. Would you like your pet to take home additional pain control today? **\$10 Yes No**

Blood work is an important step for any pet undergoing anesthesia. Animals are very capable of hiding illness and can suffer from disease without showing any outward signs. A blood panel can help minimize risk of anesthetic, surgical, and postoperative complications by checking for pre-existing liver disease, kidney disease, anemia, infection and other conditions. This testing is **STRONGLY** recommended for pets over the age of 7 years. If you would like preoperative blood work done on your pet we would need to draw a blood sample from your pet approximately a week before surgery is scheduled as it is sent to an outside lab. Charge **\$50**

_____ I understand the risks and waive my option to have preoperative bloodwork done for my pet.

We recommend that your dog be vaccinated against common diseases that are transmitted between dogs. Would you like your dog to receive a DA2PP vaccine today? **\$15 Yes No**

It is **strongly** recommended that all dogs be tested for heartworms if their status is unknown. Heartworms are transferred by mosquitos and infect the dog's heart and lungs. Dogs that are positive for heartworms are at a much greater risk of complications while under anesthesia. Would you like your dog tested today? **\$16 Yes No**

An E-Collar is used to prevent your dog from licking at their incision site. Would you like an e-collar? **\$10 Yes No**

Other requested services: Nail trims **\$5** Yes No Deworming **\$15** Yes No Bordetella **\$15** Yes No Anal Glands **\$10** Yes No

_____ I understand that I will be charged a **fee of \$20.00** per night if my pet isn't picked up at the designated time. I also understand that any pet left for 72 hours or more will be considered abandoned and PAWS Humane will exercise its right to either turn the animal over to Columbus Animal Control or dispose of the animal as deemed just and proper. At the cessation of the workweek, all remaining animals that have not been picked up will be turned over to Animal Control for staff safety and liability issues.

_____ I understand that incase of a post-op emergency or complication, or if my pet damages or removes the surgical sutures, it will be my responsibility to take my pet back to the PAWS Humane Spay/Neuter Clinic during normal business hours or to my private veterinarian if after hours. I will assume responsibility of all charges incurred.

Flip the page over to initial and sign the surgery form