



(OWNER/RESPONSIBLE PARTY)

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____ COUNTY: _____
HOME PH: _____ CELL PH: _____ WORK PH: _____

(PLEASE INDICATE WHICH NUMBER IS BEST TO REACH YOU ON UNTIL 3 PM TODAY)

(PET) (please fill out a Surgery Consent form for each pet)

NAME: _____ BIRTH DATE: _____
SPECIES: CANINE FELINE OTHER BREED: _____
SEX: MALE FEMALE UNKNOWN COLOR: _____

PLEASE PLACE A CHECK IN THE BOX BESIDE EACH SERVICE YOU ARE REQUESTING FOR YOUR PET

<input type="checkbox"/>	SPAY/NEUTER	<input type="checkbox"/>	TOPICAL FLEA/TICK PREVENTION/ DEWORMER
<input type="checkbox"/>	RABIES VACCINE	<input type="checkbox"/>	PAIN MEDS (TO GO HOME)
<input type="checkbox"/>	DISTEMPER (CANINE-DHLPP/FELINE-FVRCP)	<input type="checkbox"/>	MICROCHIP
<input type="checkbox"/>	LYME VACCINE	<input type="checkbox"/>	NAIL TRIM
<input type="checkbox"/>	BORDETELLA VACCINE (KENNEL COUGH)	<input type="checkbox"/>	E-COLLAR
<input type="checkbox"/>	FELINE LEUKEMIA VACCINE	<input type="checkbox"/>	EAR TIP
<input type="checkbox"/>	HEARTWORM/LYME or FIV/FELV TESTING	<input type="checkbox"/>	OTHER:
What heartworm preventative is your dog on?		Is your pet current?	YES NO
What flea/tick preventative is your pet on?		Is your pet current?	YES NO

PLEASE READ CAREFULLY. BY SIGNING BELOW I AGREE THAT:

- o I have been informed that pre-anesthetic bloodwork is strongly suggested for my pet prior to surgery. (Bloodwork is mandatory if my pet is 7 years or older) I have waived the suggestion for pre-anesthetic bloodwork. (IF YOU DO NOT WAIVE THIS RIGHT PLEASE SEE THE RECEPTIONIST AT THE TIME OF CHECK-IN).
- o *I understand that if I elect to have my feline tested for FeIV/FIV, whether it be companion or feral, regardless of the results of the test, surgery will be performed and I assume full responsibility for the continued care of my animal.
- o I certify that my animal has no pre-existing health conditions that could impact the safety of the surgery.
- o The above named animal has not had any food since 10:00 pm last night.
- o I certify that my animal has had no injections other than vaccines in the last 30 days.
- o I am aware that every surgical procedure carries an inherent risk including death and that no guarantee regarding the outcome has been given me.
- o I am aware of the possibility of complications and agree to take my pet to the emergency veterinary hospital and be financially responsible for subsequent treatment.
- o If my pet is pregnant, the pregnancy will be terminated at the time of surgery.
- o I am aware that there will be additional charges for more complex surgeries if my pet is pregnant, in heat or cryptorchid, obese, etc.
- o I agree that pet pick up is by 3:00 pm the day of the surgery. A boarding fee of \$20/hr may be charged starting at 5 pm.
- o If I fail to claim my pet at the agreed upon time it will be considered abandoned and will be surrendered to Anne Arundel County Animal Control.
- o If fleas are found on my pet a flea treatment will be administered at my expense.
- o The above mentioned animal will have a linear tattoo placed in the abdominal area indicating he/she has been spayed/neutered.
- o I am the owner/agent of the above described pet and have the authority to and do hereby consent to and authorize surgery and waive all claims or damages against Spay Spa & Neuter Nook and/or Rude Ranch Animal Rescue, Inc. any of its officers, employees or contractors.

SIGNATURE _____

DATE _____

<input type="checkbox"/>	Please check here if you would like to be added to our mail/email list.
<input type="checkbox"/>	Please check here if you would like to donate to help animals in need receive vital spay/neuter services. <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> OTHER:



Spay Spa & Neuter Nook and **Rude Ranch Animal Rescue, Inc.** are both federally recognized 501c3 charitable organizations. All donations are tax deductible to the fullest extent the law will allow. 100% of all donations go towards the care of animals in need.



EIN# 52-2312763

CFC# 45379

MCC# 4650

UNITED WAY NATIONAL CAPITAL AREA# 9664

CASH OR CREDIT CARD ONLY. NO PERSONAL CHECKS WILL BE ACCEPTED