



Spay / Neuter Clinic Surgical Admission Form

Owner Name: _____ Date of Surgery: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____ Daytime / Cell Number: _____

Emergency Contact: _____ Phone: _____

Pet Name: _____ M/F: _____ Cat/Dog: _____

Breed: DSH/DMH/DLH _____ Color: _____ Age: _____

Is your pet Aggressive? Yes or No (Circle One) . Pickup person's name here: _____

Project CatSnip (Affordable Animal Services) uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans undergoing surgery. Carefully read and initial the following statements before signing your name at the bottom of the sheet.

Please initial front & back

___ I, acting as owner of the pet named above, hereby request / authorize Project CatSnip, through such veterinarians and assistants they may designate, to perform surgery for the sexual sterilization of the animal identified above.

___ I understand surgery includes inherent risks up to and including possible injury and death of my animal resulting from the procedure and the use of anesthetics and drugs used in providing this service.

___ I certify my animal is in good health and has had no food (if over 4 months of age) since 10 PM the night prior to surgery.

___ I understand that Project CatSnip will perform a brief health exam on my animal before surgery is performed. However, I further understand Project CatSnip has the right to refuse animals for surgery that are deemed unhealthy, aggressive, and / or pose a risk to staff or other animals.

___ I understand if an umbilical hernia is found on my pet, it will be repaired at an additional cost to me.

___ I understand that if I fail to retrieve my animal at the agreed upon release time, a late fee of **\$10** per pet will be imposed for every 10 minutes past the scheduled pick-up time. Pets not picked up after 30 minutes will be taken to the CatSnip office in Woodstock, where they can be picked up between 8:00 AM - 3:00 PM, Monday through Friday, upon payment of the late fee and a **\$100** per pet overnight care fee. Any animal that is not picked up after one day will be taken to the nearest county Animal Control. Any fines imposed by Animal Control will be the responsibility of the animal's owner.

___ I understand if my pet has/is cryptorchid (testicles not fully descended), pregnant, or has a pyometra (uterine infection) or hydrometra (fluid filled uterus) there will be additional charges for the more complicated and longer surgery time involved. I authorize this additional expense and agree to pay at time of pickup of my pet.

___ I understand my pet will receive a small tattoo on his or her underside to show she / he has been sterilized.

___ I understand Project CatSnip is operating only as a surgical clinic and is unable to provide, or be held responsible for, any post-surgical complications or issues. I further understand Project CatSnip shall bear no financial responsibility for any post-surgical costs and that it is my full responsibility to provide and pay for any veterinary after-care which may arise.

Turn over to continue filling out the form

___ I hereby release Project CatSnip, the veterinarians, assistants, and all of its officers, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of this surgery or any adverse reactions resulting from any other wellness procedures. I agree I will not claim any right of compensation from Project CatSnip or file legal action by reason of such sterilization or attempted sterilization of my animal or any consequences resulting thereto. Owner / Agent hereby agrees to indemnify and hold Project CatSnip harmless for any damages caused by unforeseeable events including but not limited to fire, vandalism, burglary, auto accident, or weather.

___ I understand that if my pet is found to have any amount of fleas **Capstar** will be given for the safety of my pet and the other pets in the care of Project CatSnip at an additional cost of **\$10**.

___ I understand there is an increased risk of complications from surgery for senior pets (8+ years). I understand that Project CatSnip recommends pre-screening bloodwork, but I decline the bloodwork and assume the risk.

___ I understand that if I choose to pay my bill using a credit card or debit card, a **\$4** card processing fee will be added to the total at checkout.

___ I, acting as owner of the pet named above, hereby request and authorize Project CatSnip, through such veterinarians and assistants they may designate, to perform or provide the following additional services for the animal identified above. I authorize the additional expense for the following: (please initial your choices)

- ___ Rabies Vaccine - 1 or 3 year **\$16 (1yr) or \$28 (3yr)** 3yr needs current rabies
- ___ FVRCP (feline distemper) Vaccine **\$20**
- ___ FeLV (feline leukemia) Vaccine **\$20**
- ___ FeLV / FIV Blood Test **\$30**

Other Services

- ___ Microchip **\$30**
- ___ Pain Medication (additional) **\$15**
- ___ E-Collar (prevent licking) **\$12**
- ___ Carrier (one cat per carrier required) **\$ 7**
- ___ Dewormer (roundworms, hookworms) **\$ 5**
- ___ Injection to treat tapeworms **\$15**
- ___ Earmites **\$15 Cats, \$25 Dogs**
- ___ Revolution (cats only) Parasite Protection **\$20** for 1 month or **\$54** for **3** months.
- ___ Activyl (cats only) Flea Protection **\$12** for 1 month or **\$36** for **3** months.
- ___ Wellness Bloodwork* **\$75**
- ___ Capstar administration (kills fleas for 24 hours) **\$10**

*I want my pet to have pre-anesthetic blood testing prior to surgery. **(You will have to reschedule your pet's surgery for another date. Please call or email the main office.)**

Signature (Owner / Authorized Agent of Owner): _____ Date _____

Check in with us, then put your cat's name & your last name on each carrier.