



I receive government financial assistance. Proof of assistance must be provided at check-in!

SURGICAL

ADMISSION FORM

TODAY'S DATE _____ / _____ / _____

OWNER INFORMATION		CLIENT ID:	
First Name:	Last Name:	Phone:	
Address:		Apt #	
City:	State:	Zip:	County You Reside In:
Email Address:			
Would you like to receive monthly E-News? (Circle)		Yes	No
One) How did you hear about us?			

PET INFORMATION			
Please Circle: Canine	Feline	Please Circle: Female	Male
Pet Name:	Age:	Breed:	Color:

PROCEDURE REQUEST (PLEASE CIRCLE)			
Spay	Neuter	Dental	Other:
List any previous abdominal surgeries for your female pet: _____			
Please read the following carefully. By INITIALING the fields below, I agree that:			

_____ My pet has not eaten food since midnight (unless the pet is 4 months or younger).
 _____ My pet has no pre-existing health conditions, or is on or taken any medications in the last month to my knowledge.

I understand that additional charges may occur in the event of: (Please INITIAL ALL)

_____ \$50 Pregnancy (Canine only)	_____ \$25 InHeat (Canine only)
_____ \$50 Umbilical Hernia (Canine & Feline)	_____ \$100 Per Testicle Cryptorchid* (Canine & Feline)
_____ \$5 Feline Sedative	_____ Testicle(s) not present in scrotal sac, requiring an extra surgical procedure

Vaccinations for Dogs	Vaccinations for Cats	Additional Services
<input type="checkbox"/> Rabies 1-Year Vaccine <input type="checkbox"/> Rabies 3-Year Vaccine <input type="checkbox"/> 5-in-1 Distemper 1-Year <input type="checkbox"/> 5-in-1 Distemper 3-Year <input type="checkbox"/> Leptospirosis <input type="checkbox"/> 1-Year Heartworm Test <input type="checkbox"/> Bordetella <input type="checkbox"/> Lyme Vaccine	<input type="checkbox"/> Rabies 1-Year Vaccine <input type="checkbox"/> Rabies 3-Year Vaccine <input type="checkbox"/> FVRCP 1-Year Vaccine <input type="checkbox"/> FVRCP 3-Year Vaccine <input type="checkbox"/> FELV/FIV Test <input type="checkbox"/> 2-Year FELV Vaccine <input type="checkbox"/> Cardboard Carrier	<input type="checkbox"/> Nail Trim <input type="checkbox"/> E-Collar <input type="checkbox"/> Pre-Surgical Bloodwork <input type="checkbox"/> Microchip <input type="checkbox"/> Dewormer <input type="checkbox"/> Fecal Test

IV Catheter & Fluids Optional Request: \$24
<p>Please INITIAL one:</p> <p>_____ I <u>accept</u> the use of IV Catheter & Fluids for an additional \$24.</p> <p>_____ I <u>decline</u> the use of IV Catheter & Fluids and understand the associated risks with induction and maintenance of anesthesia. I release attending veterinarians from any liability that may result from said refusal.</p>

We highly recommend the use of IV Catheter and fluids on all of our patients. The IV Catheter is placed before surgery and allows us to administer fluids during the procedure and to provide emergency life saving medications should your pet need them.

TERMS OF AGREEMENT

Spay Illinois uses qualified individuals & approved medical grade 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 who undergo surgery.

PLEASE carefully read, & ensure you understand, all of the information on this agreement before signing your name:

I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request & authorize Spay Illinois, including its affiliates & each of their employees, volunteers, veterinarians &/or other agents (collectively, "Spay Illinois Parties"), as appropriate & in accordance with applicable law, to receive, transport, prescribe for, treat &/or administer rabies vaccinations, if deemed necessary and even if not requested, & any other vaccinations &/or services I have selected below, &/or perform an operation for sexual sterilization of the Animal.

I understand that it takes up to two (2) weeks for vaccinations to best protect the Animal. By initialing here, I certify that the Animal has been vaccinated within one (1) year prior to this date; or waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or request recommended vaccinations at the time of surgery, as selected above with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days. **INITIAL HERE _____**

I understand the inherent risks of failing to maintain current vaccinations and that no vaccination is always 100% protective, & waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.

I understand that the operation I have elected presents some hazards, & that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand & accept these risks to the Animal.

I understand that Spay Illinois &/or any Spay Illinois Party has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.

I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at Spay Illinois, unless I choose to have it performed for an additional fee.

I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), & heartworms.

I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal's gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.

If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$50 without my further consent.

I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post-surgery monitoring and care for the Animal, including but not limited to, the care described in the Post-Operative Instructions. I agree to abide by the "DOCUMENT," a copy of which is available upon my request. If I suspect the Animal has any post-operative complications, I agree to follow the Post-Operative Instructions that will be provided to me.

I understand that if the Animal is infested with fleas, Spay Illinois may, in its sole discretion, administer a flea product (including but not limited to Capstar®, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$10 cost for this treatment when the Animal is picked up from Spay Illinois.

I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, & at the time designated by the medical staff on the day of the surgery and or vaccination. **I understand that I will be charged \$1.00 per minute after 5:15 PM. I understand that, if I do not retrieve the Animal at the designated time, I agree to pay a boarding fee of \$100 per night.**

I understand & agree that the Spay Illinois & Spay Illinois Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

I agree that Spay Illinois and Spay Illinois Parties may take, or permit others to take, photographs or video of me and or my animal, while at Spay Illinois & that Spay Illinois and Spay Illinois Parties may use or authorize the use of the photographs or video of me and or my animal in any way it deems appropriate to support the clinic's mission, including fundraising purposes.

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AG (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & Spay Illinois, & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____ DATE: ____/____/____