



ADMISSION FORM/SURGERY RELEASE

POA SPAY!

A Program of Protectors of Animals, Inc.
144 Main St., Unit E, East Hartford, CT 06118
(860) 206-7922

Animal ID #
<input type="checkbox"/> CASH \$ _____
<input type="checkbox"/> CREDIT/DEBIT \$ _____
Donation to POA SPAY!:
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> Other _____

Date of Surgery:

Client Name:

Address:

Animal Information

Animal Name:

Species: Sex:

Breed:

Age:

Color:

Second Color:

Feral: Y or N / Proof of Rabies: Y or N

Cell: Home:

Emergency Phone for Today: _____

Email:

Has your animal seen a vet in the last 30 days? Y or N If Yes, Please describe the reason for the visit: _____

Does your animal have any current medical conditions (including vomiting or diarrhea)? Y or N If Yes, please describe: _____

Is your animal taking any daily medications, including any flea or tick treatments (given in the last 30 days), insulin, thyroid medications, or steroids? Y or N If Yes, please describe: _____

Protectors of Animals, Inc.'s Low-Cost Spay/Neuter Clinic (hereinafter, "POA SPAY!") uses qualified staff 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 who undergo surgery. I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request and authorize POA Spay!, including its affiliates and each of its employees, volunteers, veterinarians and/or other agents (collectively, the "POA Spay! Parties"), to transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization of the Animal.

- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards and that injury to, post-operative infection in, or death of the Animal may conceivably result because there is some inherent risk in the procedure and in the use of anesthetics and 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 and accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal. I understand the inherent risks of failing to maintain current vaccinations, and I waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that if my animal comes into the clinic with live fleas, a Capstar tablet will be given to kill live fleas for your animal's protection and the protection of other animals for an additional charge of \$5.00 for the Capstar.
- I certify that my animal has a current, valid rabies vaccination status, and, if I cannot provide proof of rabies vaccination at the time of admissions, I understand that a rabies vaccine will be provided at no extra charge at the time of surgery.
- I understand POA SPAY! and the POA SPAY! Parties have the right to refuse any service and/or procedure to the Animal for any reason, including, but not limited to, a situation 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 at the attending veterinarian's sole discretion, when 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 blood work at POA SPAY!. If I choose for the Animal to have blood work, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. I understand that 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 immediate 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 \$30-\$50 without further consent.
- I understand and agree that Protectors of Animals, Inc., POA SPAY!, and the POA SPAY! 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, and 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 and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. 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 HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (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 AND POA SPAY!, AND (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.
- Your pet will receive a small green tattoo on his or her underside to show that he/she has been sterilized and receive a nail trim (N/C), except ferals.
- POA SPAY! is a program of Protectors of Animals, Inc. and not a separate legal entity.

- Other Requested Cat Services:**
- Feline Distemper Vaccine N/C
 - Feline Rabies Vaccine N/C
 - Advantage Multi N/C
 - Nail Trim N/C
 - Felv/FIV Test \$25
 - Microchip \$20
 - Feline Leukemia Vaccine \$20

- Other Requested Dog Services:**
- Canine Distemper/Parvo N/C
 - Canine Rabies Vaccine N/C
 - Nail Trim N/C
 - Microchip \$20
 - Heartworm Test \$25
 - 4DX Test (Rescues Only) \$30
 - Kennel Cough Vaccine

I consent to allow POA SPAY! to use my pet's photo for video, audio, advertising or promotional materials or other media.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS IN THIS AGREEMENT AND THAT I WILL READ AND FOLLOW DISCHARGE INSTRUCTIONS. SIGNATURE: _____ DATE: _____ INITIAL AT PICKUP: _____