

\*\*Arrival time: \_\_\_\_\_ Appointment time: \_\_\_\_\_ Last time pet ate: \_\_\_\_\_ Paid: \_\_\_\_\_

FUR BABIES ADOPTIONS AND RESCUE SPAY/NEUTER CLINIC

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet Info: Dog \_\_\_ Cat \_\_\_ Male \_\_\_ Female \_\_\_ Vaccinations Current Y N Heartworm Prevention Y N

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Pet is kept? Indoor Outdoor Both

Pet known to be allergic to any medications or anesthesia? Y N If so what kind? \_\_\_\_\_

Medical history/Owner Comments:

\_\_\_\_\_  
\_\_\_\_\_

**\*I understand that all surgery and anesthesia carry a risk and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risk of abnormal bleeding or death. I understand that animals of advanced age or have never been vaccinated carry increased risk. I further agree to indemnify and hold harmless the *participating veterinarians or their representatives, the clinic facility, Fur Babies Adoptions and Rescue and any volunteer or worker liable for any loss or damages that may occur during services rendered.* If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed. I certify that all information regarding my animal is true to the best of my knowledge.**

\*Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be Filled out by Fur Babies staff:

Dog: Spay Neuter

Cat: Spay Neuter

Meds:

Rabies: Y N

Rabies: Y N

Ketamine: \_\_\_\_\_

DHLPP: Y N

FCVR: Y N

Medetomidine: \_\_\_\_\_

Deworm: Y N

Deworm: Y N

Diazepam: \_\_\_\_\_

Flea and Tick Meds. Y N

Meloxicam: \_\_\_\_\_

Microchip: Y N

Antisedan: \_\_\_\_\_

Weight: \_\_\_\_\_

Date: \_\_\_\_\_ Mfr: \_\_\_\_\_ Exp: \_\_\_\_\_ 1yr \_\_\_\_\_ Serial: \_\_\_\_\_

Vet License: \_\_\_\_\_

Vet Signature: \_\_\_\_\_

(REV. SEPT 2023)