

# PETLUV SPAY/NEUTER CLINIC

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 ☛ Phone Number to contact you TODAY: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## REQUEST, CONSENT & WAIVER FOR SURGERY and/or VACCINATIONS:

I hereby declare that I am the owner (or owner's agent) of the animal(s) listed.

**SURGERY INFORMATION:** I understand that the administration of anesthesia and surgery present a risk to any animal. I agree to indemnify and hold harmless the PetLuv Nonprofit Corporation, its officers, and employees, and waive all claims, damages, and expenses, including reasonable attorney's fees and costs, in the event of illness, injury, or death to my animal arising out of the spay/neuter operation or any services provided incidental thereto. **I give my permission to provide other services or procedures at additional cost if determined necessary and in the immediate interest of the animal in the veterinarian's professional opinion.** \_\_\_\_\_ I understand that if my pet is heavily infested with fleas, it will be treated for fleas at a cost of \$10 per animal. I agree that if my pet is in heat, pregnant, or has recently been nursing, there will be an additional charge of \$5-\$15. I understand that I will be required to pay boarding fees if my animal is not picked up by the scheduled date and time, and that if I do not pick up my animal within five (5) days, it will be considered abandoned and may be disposed of or euthanized at the clinic's discretion, and that such action does not relieve me of my financial obligation.

Total Paid  
 \$ \_\_\_\_\_  
 Cash  Credit

**VACCINATION INFORMATION:** Please Note re: Vaccinations/Prescriptions: Your pet will be evaluated to determine the appropriateness of immunizations/ products selected. THIS IS NOT A FULL AND COMPLETE PHYSICAL EXAMINATION. Although the benefits of pet vaccinations far outweigh the risk, certain events, some potentially fatal, can be associated with vaccination and can occur within 48 hours. You should be reassured that **vaccine reactions are considered to be relatively rare.**

A partial list of the adverse reactions which might be associated with routine vaccinations are as follows:

- Fever (low grade 24 – 48 hours after vaccinated); Soreness at injection site; Sore Joints
- Vaccine site lumps; Vaccine site tumor (cats only); Iritis (inflammation of the eye)
- Acute Autoimmune Hemolytic Anemia (dogs only)
- Anaphylaxis (acute reaction ie: hives, facial swelling, vomiting) potentially fatal if untreated

### REQUEST AND CONSENT:

I hereby request to have my pet(s) spayed/neutered and/or vaccinated by the PetLuv Non-Profit Spay/Neuter Clinic, its veterinarians, and other employees. I give my permission to have the incision area marked with permanent surgical ink. I have read and understood the materials provided to me. Any questions about vaccinations have been answered to my satisfaction. I am aware of the potential benefits and risks of surgery and /or vaccination.

Owner's Signature: ☛ \_\_\_\_\_ Date: \_\_\_\_\_

**Signature indicates permission for spay/neuter and/or vaccinations**

**Initialing here indicates permission/payment for removal of puppy teeth** ☛ \_\_\_\_\_

**I have received and understand the postoperative instructions and surgical**

**paperwork** ☛ \_\_\_\_\_ **Discharged from Facility** \_\_\_\_\_

(Please initial)

Is your pet a new patient?  Yes  No

<input type="checkbox"/> Surgery <input type="checkbox"/> SP <input type="checkbox"/> N	<input type="checkbox"/> Vaccinations	Technician Initials:
Pet's Name _____ Age _____		
Breed _____ Color _____		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered		
Weight _____		
Time last fed _____		
Length of time pet owned: _____		

Dogs	Alt	Un Alt
Rabies Vac 1 yr	\$14	\$28
Rabies Vac 3 yr	\$22	\$44
DA2PP	\$18	\$36
DA2PPL	\$18	\$36
Lepto Only	\$14	\$24
Bordetella	\$14	\$24
Strongid/Droncit _____ cc PO _____ ccSQ	\$ _____	
Drontal/Strongid ToGo _____ mg# _____ ccPO	\$ _____	
HWT: <input type="checkbox"/> Below Detectable Limits <input type="checkbox"/> Positive	\$15	
Microchip	\$20	\$40
CRYPT/HERNIA/PREGNANT		
Other:		
Cats	Cost	
Rabies Vac 1 yr	\$14	\$28
Rabies Vac 3 yr	\$22	\$44
FVRCP/FELV	\$20	\$40
Strongid/Droncit _____ cc PO _____ ccSQ	\$8	\$16
Drontal/Strongid ToGo _____ mg# _____ ccPO	\$ _____	
COMBO TEST FELV <input type="checkbox"/> Neg <input type="checkbox"/> Pos FIV <input type="checkbox"/> Neg <input type="checkbox"/> Pos	\$22	
Microchip	\$20	\$40
Other:		