

****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

Rabies: Y N Rabies: Y N

DHLPP: Y N FCVR: Y N

Deworm: Y N Deworm: Y N

Weight: _____

Date: _____ Mfr: _____ Exp: _____ 1yr _____ Serial: _____

Vet License: _____

Vet Signature: _____

(October 2022dup)