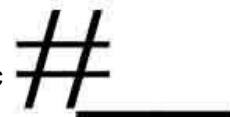




Spay & Neuter Hawaii
 Low Cost Spay & Neuter Clinic
 The Hawaii SPCA
 Kaukamana Rd – Maili



Mahalo for choosing The Hawaii SPCA

Please fill out one form for EACH animal and list a phone number where you can be reached **throughout the DAY OF THE CLINIC.**

Your Name: _____ Phone Number: _____

ADD-ON SERVICES:

- Nail Trim: \$10
- Ear Cleaning: \$10
- Baby Tooth Extraction: \$25
- Umbilical hernia repair: \$35 to \$75 (depending on the size or severity)
- Dewclaw Removal: \$25 each dewclaw plus \$35 for bandaging of pair
- Other _____

ANIMAL INFORMATION

Name: : _____ [] Dog: [] Cat: [] Other: _____
 Gender: [] Male [] Female Approx Weight: : _____ Approx Age: _____
 Microchipped: [] Yes [] No [] Unknown
 If yes, please list microchip # : _____
 Breed Information: _____
 Coloring / distinctive markings: _____
 How long have you had your animal? _____
 Medical Conditions or Special Needs (ie: one testicle, deaf, separation anxiety, dog aggressive, etc.): _____

Prescriptions (ie: including heartworm preventative, flea control products, over the counter products, vitamin, mineral supplements and shampoos):

Last Medical Visit – date & reason (ie: routine annual examination, type of Injury or Illness): _____

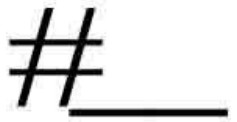
Is your animal feeling healthy today? Please note any concerns or change in appetite, thirst, attitude, skin, eyes, vomiting, urination, bowel movements or other concerns not listed.

GUARDIAN INFORMATION

Guardian Name(s): _____
 Mailing Address: _____
 City and Zip Code: _____
 Primary Contact number: _____
 Secondary Contact number: _____
 E-mail address: _____



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SURGICAL CONSENT FORM

I am the guardian or agent of (pet's name) _____, am over 18 years of age and have the authority to sign this authorization form. I hereby consent to and authorize the use of appropriate anesthetics and medications for today's procedure. I understand that support personnel will be employed as deemed necessary by the veterinarian.

Your animal(s) is undergoing spay and/or neuter surgery. There are natural risks involved with the surgery itself, and the use of anesthetics and other drugs. Injury and death can result from the surgery, any related procedures, and from complications following surgery. The Hawaii SPCA does not conduct pre-operative blood tests and your pet may have unknown disorders of the liver, kidney, blood, and/or other system. Such disorders may increase your pets' anesthetic risks. The following conditions increase the possibility of complications or death before, during, or after surgery: • Animals in advanced stages of pregnancy • Animals in heat • Animals of advanced age • Animals suffering from worms, leukemia, or other diseases or injury. This pre-surgical blood work is not required. However, if you would like pre-surgical blood work performed for your animal, you agree to have your own veterinarian do the screening prior to the event date.

I understand that while generally safe, anesthetic and surgical procedures do present some risks. During the procedure complications may occur or be noted that necessitate measures other than the original procedure.

Additionally, while uncommon, these risks or complications can result in but are not limited to secondary problems ranging from various mild reactions or infections to acute death due to allergic reaction to the anesthetic or thromboembolic clotting. I understand that all reasonable effort will be made to contact me in the event problems arise and additional measures are necessary. In emergency situations, however, it is understood and agreed that the patient's medical needs come first and all necessary medical and surgical interventions deemed appropriate by the veterinarian and staff will be rendered to the patient.

I, being responsible for the above-described animal(s), have the authority to grant you my consent to receive, have medicine prescribed for and/or to have a vet operate upon my pet and hereby authorize the performance of a spay/neuter procedure. I hereby also authorize the use of such anesthetics as deemed advisable. I agree to indemnify and hold The Hawaii SPCA, the veterinarians, vet techs and volunteers harmless from and against any and all liability arising out of the procedures referred to above. I understand there are risks associated with all surgical procedures and the use of anesthesia and drugs. I understand this clinic will not spay any obviously pregnant cat. I understand and consent to the above procedures.

I have read, understand and agree to this authorization consent.

Signature: _____

Name: _____ Date: _____