

For Office Use Only
Animal ID #

**Fixin' To Save
Spay & Neuter Clinic
Admission Form**

For Office Use Only

Total Amt Due: _____

CSH V M CHK _____

Donation _____

Owner/Agent Information:

Name: (please print) _____ Date: _____

Mailing Address: _____ City, State, Zip: _____

Phone where we can reach you during surgery: Cell _____ Home _____

Animal Information:

Name: _____ Species: Cat Dog Sex: M (Neuter) F (Spay) Age _____

Breed: _____ Color: _____ Rabies expiration date _____ (_____)
Staff initial

How long have you owned your pet? _____

If female, date of last heat _____ Could your pet be pregnant? **Yes No**

If male- Both testicles descended? **Yes No** _____

Has your pet had puppies or kittens recently **Yes No** If yes how long since puppies or kittens were weaned? _____

Pet History – Please answer to the best of your knowledge.

Yes No Did your pet eat this morning (the day of surgery)? If yes, what time? _____

Note: For their safety, animals over 4 months old must not be given food after midnight the evening before surgery.

Yes No Is your pet allergic/sensitive to any drugs? If yes, what drugs(s): _____

Yes No Has your pet ever had a seizure? _____

Yes No In the past 2 weeks, have you noticed vomiting, coughing, diarrhea or other signs of illness? _____

Yes No In the past 2 weeks, has your pet been treated for any illness or injury, or is your pet being treated for an ongoing or chronic condition? If yes, please explain: _____
When & where _____

Yes No Is your pet on any medication(s) other than heartworm and flea prevention? Please list the med(s) and when it was last given: _____

Yes No If we find fleas on your pet, do you want flea treatment applied at a cost to you of \$20?
Date/name of last flea treatment _____

Yes No For cats, if we find fleas and ear mites, do you want Revolution applied at a cost to you of \$25?

Yes No If we find tapeworms on your pet, do you want us to treat them at a cost to you of \$20?

Yes No Retained baby teeth may be removed from my pet if the vet recommends this and if time permits. First 2 teeth are NO CHARGE. Any additional teeth will be \$5.00 each

Vaccinations/Services Requested: Please check the ones you would like for your pet today while here for surgery.

Available at time of surgery only.

- | | | |
|--|--|--|
| <input type="checkbox"/> Rabies Vaccine \$15 | <input type="checkbox"/> Flea Treatment 1 mo. \$20 | <input type="checkbox"/> Microchip \$30 |
| <input type="checkbox"/> Feline Distemper Vaccine \$20 | <input type="checkbox"/> Revolution Flea/Ear mite Treatment \$25 | <input type="checkbox"/> Nail Trim \$15 |
| <input type="checkbox"/> Canine Distemper/Parvo Vaccine \$20 | <small>*Cats Only*</small> | <input type="checkbox"/> Ear Cleaning \$10 |
| <input type="checkbox"/> Feline FELV/FIV Test \$35 | <input type="checkbox"/> Tapeworm Injection \$20 | <input type="checkbox"/> Cardboard Carrier \$5 |
| <input type="checkbox"/> Canine Heartworm Test \$30 | <input type="checkbox"/> De-worming \$15 | <input type="checkbox"/> E-Collar \$15 |
| <input type="checkbox"/> Canine Heartworm preventative* 6 mo | <input type="checkbox"/> FERAL CAT PACKAGE \$60 | |

Must have negative heartworm test or be under 6 month old

SPAY IT FORWARD!!!

I want to help Fixin' to Save Spay & Neuter Clinic end companion animal overpopulation.
Here is a donation of: _____\$50 _____\$25 _____\$10 _____\$5 _____Other

Please read and initial the following;

- _____ **Pregnancy** – If your pet is pregnant, and, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed. I understand that the pregnancy will be terminated at the time of surgery at a cost of up to **\$25.00**
- _____ **Heat Cycle** - I understand that if my pet is in heat there is an additional charge of **\$15.00**
- _____ **Undescended Testicles**- If you pet is a Crypt-orchid (only 1 testicle is descended) there will be an additional charge of **\$25 (inguinal) or \$35 (abdominal)**
- _____ **Umbilical Hernia Repair**- I understand that if my pet has an open umbilical hernia, it will be repaired at the time of surgery for an additional charge of **\$25.00**
- _____ **Rabies Vaccine** - If my pet is over 3 months of age and I do not present proof of a current rabies vaccination, a rabies vaccination will be given to my pet at a cost to me of **\$15.00**
- _____ **Tattoo** – Most animals will receive a small green tattoo placed near the incision
- _____ **Ear tip** – Cats receiving the Feral/Community Cat package will receive an ear tip
- _____ **Pain Relief** - As an added service and **at no additional charge**, we will provide pain relief medication for your pet for up to 4 days after surgery.
- _____ **I understand that Fixin’ To Save is not responsible for lost or damaged items I chose to leave with my pet.**

Fixin’ to Save Spay & Neuter Clinic uses qualified staffing 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. Carefully read and understand the following:

I, acting as owner/agent of the pet(s) named above, hereby request and authorize Fixin’ to Save Spay & Neuter Clinic, through any veterinarian they designate, to perform an operation for sexual sterilization and administer any vaccines or services requested.

- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
- I certify that my animals has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand it takes up to four weeks for vaccinations to protect my animal.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I understand that Fixin’ to Save Spay & Neuter Clinic may not perform a complete physical exam before surgery. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery.
- I certify that my animal is in good health and has had no food since midnight the evening prior to surgery. I understand that Fixin’ To Save Spay & Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a risk.
- I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.
- I further understand that if, in the course of treatment, a condition is discovered which requires medical treatment or an additional procedure, the attending veterinarian may, in his or her absolute discretion, perform such a procedure or treatment. I consent to these procedures and treatments associated with them and agree to pay any additional charges.
- I understand that if I do not retrieve my pet at the agreed upon time that Fixin’ to Save Spay & Neuter Clinic will exercise its right to re-home the animal as deemed just and proper as allowed by the State of Virginia. Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$20 per night.

I hereby release Fixin’ to Save Spay & Neuter Clinic, all veterinarians, employees, volunteers, and officers from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Fixin’ to Save Spay & Neuter Clinic harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather or natural disasters.

I have read all above information and understand it clearly. I also understand that vaccinations and anesthetic drugs can cause adverse reactions in some animals. I hereby release Fixin’ to Save Spay & Neuter Clinic, the veterinarians, employees, volunteers and officers from any and all claims arising out of or connected with administering vaccines or surgical complications.

I understand that payment in full is required at the time of discharge. We accept Cash/MC/VISA only. NO CHECKS.

Signature of Owner/Agent: _____ Date: _____

FIXIN' TO SAVE SPAY/NEUTER CLINIC
804-694-0349

I understand that the hours of operation of Spay/Neuter Clinic are
8:00 to 4:00pm, Monday through Wednesday. Continuous medical care is available during these hours only.
When the Clinic is closed, no staff members are present.

Signature of Owner/Agent

Date