

Humane Society of Ventura County Spay/Neuter Clinic
Canine/Feline Admission Form and Waiver

Owner Name: _____ **Address:** _____ **Zip Code:** _____
Phone number to reach you TODAY: (____) _____ **Alt:** (____) _____ **Email:** _____
Pet Name: _____ **Sex:** M/F **Breed:** _____ **Color:** _____ **Age/DOB:** _____

Has your pet eaten anything since midnight yesterday? Yes/No If yes, explain: _____
Is your pet currently sick? Yes/No If yes, explain: _____
Has your pet had any medical issues in the past? Yes/No If yes, explain: _____
Is your pet on any medications? Yes/No If yes, explain: _____
If your pet is female, has she had a litter? Yes/No If yes, how many off-spring? _____
If your pet is a female over six (6) months, when was she last in heat? (dogs only) _____

Services requested:

- ☐ Surgery (spay/neuter). **PLEASE NOTE OUR PRICES HAVE INCREASED AS OF 9/1/2023**
- Spaying a pregnant Animal will terminate its pregnancy. **If your cat is a female and we suspect, BEFORE surgery, that your animal is pregnant, do you want her spayed for an additional \$20 Fee (cats only)?** Yes ☐ No ☐
- ☐ Microchipping (\$25 to Implant, includes registration). I give the Humane Society of Ventura County permission to register my name, phone number, address, and email address and my pet's name, age, sex, breed and color with BeKind PetFind. *Initial here _____
- ☐ Trimming cat/dog's nails (\$5 cats, \$10 dogs)
- ☐ Vaccinations (\$15 Rabies, DHPP - FREE, \$15 Bordetella, FVRCP - FREE):
- If checked, list any adverse reactions your Animal has had to a vaccine: _____
- If not checked, I certify by signing below that my Animal was vaccinated within one (1) year prior to the date below or waive my right to have my Animal vaccinated or request recommended vaccines. I understand vaccines take up to two (2) weeks to protect my Animal. I understand the inherent risk in failing to keep vaccines current and waive all claims arising out of or in connection with a spay/neuter surgery performed on a Animal without current vaccines. I further understand any Animal bites will be reported to Animal Control and I am responsible for any injury, civil or criminal liability resulting therefrom.
- ☐ Tapeworm injection (Praziquantel) - \$10 (Cats only)
- ☐ FeLV/FIV test - \$25 (Cats only)

Release and Acknowledgment:

The Humane Society of Ventura County, a California nonprofit corporation and any veterinarians it may designate or staff, employees, agents, affiliates, or representatives of either (collectively, the "Society"), uses qualified staff and approved equipment and materials for all spay/neuter procedures. By signing below, I acknowledge the following:

1. I am the owner of the dog described above (my "Dog"), or am authorized by any owner(s) to have my Dog undergo the procedures. I request and authorize the Society to perform the procedure(s) specified above on my Dog.
2. I understand that the risk of injury or death from a procedure or the use of anesthetics, drugs, and certain equipment in providing a procedure, while very low, is always present. I understand that some conditions, including pregnancy, heat and diseases such as heartworms, significantly increase surgical risk.
3. I understand that the Society may refuse to perform a procedure on my Dog if performing the procedure poses a significant health risk to my Dog or a danger to the Society's designated veterinarian, staff, employees, agents, affiliates or representatives.
4. I understand that the Society may not perform a complete physical examination before surgery is performed. I also understand that my Dog will not receive pre-operative bloodwork and hereby waive my right to have this service performed prior to surgery at a full-service veterinarian.
5. I understand that if I fail to retrieve my pet at the agreed-on time, the Society may either turn my Dog over to Ventura County Animal Services or board my Dog, if space permits, for a boarding fee of no less than Fifty Dollars (\$50) per night. I understand that after-hours emergency care is NOT available on-site at the Society.
6. I hereby release the Society from any and all claims or damage arising out of or in connection with the performance of the procedure(s) or any adverse reactions from vaccination. I have not and will not claim any right of compensation from any such persons or file actions or suits by reason of such sterilization or attempted sterilization of my Dog or any consequences thereof. I hereby agree to indemnify, defend and hold harmless the Society for any damages caused during transportation of my Dog or by unforeseeable events, including fire, vandalism or other crimes committed by third parties, extreme weather, natural disasters or acts of God.
7. I have read and understand the foregoing, and the information provided above is accurate, complete and correct.
8. I understand my dog will receive a permanent tattoo as an indication of sterilization

SIGNED: _____ **Date:** _____

Would you like to help us "Spay it Forward" by donating to further subsidize spay/neuter services for at-risk animals?

- ☐ Yes! Please add \$_____ to my invoice as a donation. ☐ No, thank you

HSVC USE ONLY –CANINE

DOG: _____ OWNER: _____ DVM: _____
DATE: _____ SURGERY: _____ WEIGHT: _____
TEMP: _____ HR: _____ RR: _____ MM: _____ CRT: _____

*Health Issues: _____

☐ Fleas/Ticks: _____ ☐ Tapeworms: _____ ☐ Microchip: _____

Vaccines (all given SQ):

☐ Rabies 1yr/3 yr - Location: _____
☐ DHPP 3wk/ 1 yr / 3yr - Location: _____
☐ Bordetella IN/Inj -Location: _____

<u>Pre-Med:</u>	<u>Amt</u>	<u>Route</u>	<u>Induction:</u>	<u>Amt</u>	<u>Route</u>
-Hydromorphone (2mg/ml):	_____	_____	-Ketamine (100 mg/ml):	_____	_____
-Torbutrol (10 mg/ml):	_____	_____	-Midazolam (5 mg/ml):	_____	_____
-Dexdomitor (0.5mg/ml):	_____	_____	-TTDex:	_____	_____
-Acepromazine (1 or 10mg/ml)	_____	_____	-Mask Induction (Iso):	_____	_____
-Other: _____	_____	_____	-Other: _____:	_____	_____

Endotracheal tube size: _____

Other Meds:

☐ Nutrical
☐ PolyFlex 250mg/ml: _____cc
☐ Metacam 10mg/ml: _____cc
☐ Antisedan 5mg/ml (IM at recovery): _____cc
☐ Testicular Block with 2% Lidocaine (1/2 into each testicle): _____cc

Surgical Report:

☐ **CANINE OVH** Patient placed in dorsal recumbency. Ventral abdomen clipped and prepped. Surgical site draped in sterile fashion. A ventral midline skin incision created. The ovarian pedicles exteriorized after breaking down the suspensory ligaments. Ovarian pedicles single/double ligated using a Millers knot with ____-0 braided suture. Uterine body single/double ligated using a Millers knot with ____ - 0 braided suture. Body wall closed using ____-0 braided suture with cruciate ligatures. Subcutaneous and subcuticular tissue closed using ____ - braided suture simple continuous/intradermal. Tattoo paste applied to SQ tissue. Suture glue applied to skin.

☐ **CANINE NEUTER** (Closed): Patient placed in dorsal recumbency. Inguinal area cranial to scrotum clipped and prepped. Surgical site draped in sterile fashion. A ventral midline skin incision created cranial to scrotum. Testicle was advanced cranially and exteriorized through the skin incision. Fibrous attachments between the spermatic cord tunic and scrotum torn with a gauze sponge. A single/double ligature was placed using a Miller knot around the entire spermatic cord and tunics using ____-0 Monofilament suture. Subcutaneous tissue closed using ____-0 Monofilament simple continuous. Subcuticular tissue closed using ____-0 Monofilament. Tattoo paste applied to SQ tissue. Suture glue applied to skin.

Comments: _____ ☐ **Routine**

Post-Op Pain Meds:

- RIMADYL _____mg: Give ____ tab by mouth once a day for ____ days (# _____)

Drug Consultation (client signature): ☐ Declined: _____ ☐ Accepted: _____ Staff: _____