

Redinger Spay/Neuter Clinic
 Halifax Humane Society
 (386) 310-4935

Animal ID No

Date of Surgery

Admission Form

Your first name Your last name Your pet's name Pet's age or DOB

Cat Dog Male Female Has your pet had a litter? Y N If yes, how many? 1 2 or more

Pet's color(s) Pet's breed

Address City State ZIP

Phone Number (where we can reach you TODAY) Alternate Phone Number Email Address

Redinger 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 just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize Redinger Spay/Neuter Clinic, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

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 either certify that my animal 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 that it takes up to two 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 certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.

I understand that Redinger Spay/Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that Redinger Spay/Neuter Clinic may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

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 understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$15.

I understand that if I don't retrieve my pet at the agreed upon time that Redinger Spay/Neuter Clinic will exercise its right to turn the animal over to the Halifax Humane Society. Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$10 per night.

I hereby release the Redinger Spay/Neuter Clinic, all veterinarians, assistants, volunteers, directors, and employees 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 Halifax Humane Society 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, natural disasters or acts of God.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HER UNDERSIDE TO SHOW THAT SHE HAS BEEN STERILIZED.

I HAVE PROOF OF CURRENT RABIES VACCINATION

Requested Feline Vaccines and Services

- | | |
|---|--|
| <input type="checkbox"/> Feline Leukemia Vaccine | <input type="checkbox"/> Hernia Repair |
| <input type="checkbox"/> Feline Distemper Vaccine | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Rabies Vaccine (1-year) | <input type="checkbox"/> Felv/FIV Test |
| <input type="checkbox"/> Microchip | <input type="checkbox"/> Ear Tip (ferals only) |

Requested Canine Vaccines and Services

- | | |
|---|--|
| <input type="checkbox"/> Canine Distemper/Parvo Vaccine | <input type="checkbox"/> Hernia Repair |
| <input type="checkbox"/> Kennel Cough Vaccine | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Rabies Vaccine (1-year) | <input type="checkbox"/> Heart Worm Test |
| <input type="checkbox"/> Microchip | <input type="checkbox"/> E-Collar |

SIGNATURE _____

DATE _____