

Humane Society of Charlotte Spay/Neuter Clinics

Toomey Avenue 704-333-4130

deLisser Clinic 704-426-1053

Admission Form

Animal ID: _____

Origin: _____

Date of Surgery

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

Does your pet have any health problems? _____

Is your pet taking any medications, including over the counter medications? _____

If your pet tests positive for heartworms, feline leukemia or FIV and the veterinarian deems it fit for surgery, do you want them to have surgery? _____

Humane Society of Charlotte Spay/Neuter Clinics use 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 Humane Society of Charlotte Spay/Neuter Clinics, 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 10 p.m. the evening prior to surgery (pediatric and rabbit feeding exceptions).

_____ I understand that Humane Society of Charlotte Spay/Neuter Clinics have the right to refuse service to any animal to whom surgery is deemed a health risk.

_____ I understand that Humane Society of Charlotte Spay/Neuter Clinics 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 Humane Society of Charlotte Spay/Neuter Clinics will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of North Carolina under G.S 90-187.7(a). 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 Humane Society of Charlotte Spay/Neuter Clinics 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 Humane Society of Charlotte Spay/Neuter Clinics harmless 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 HIS/HER ABDOMEN TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Requested Vaccines and Services

Rabies 1yr 3 yr

Microchip

Hernia Repair

DHPP/FVRCP

HWT/HWP

Nail Trim

Bordetella

Felv/FIV Test

E-Collar

Take Home PM

Frontline

Ear Tip (ferals only)

Wt.	
	Temp.

PROOF OF CURRENT RABIES VACCINATION VERIFIED _____ Staff Initials

SIGNATURE _____

DATE _____

Humane Society of Charlotte Spay/Neuter Clinics

Toomey Avenue 704-333-4130

deLisser Clinic 704-426-1053

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Origin: _____

Post-Operative Care

Date of Surgery

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)

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City

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Phone Number (where we can reach you TODAY)

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Does your pet have any health problems? _____

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If your pet tests positive for heartworms, feline leukemia or FIV and the veterinarian deems it fit for surgery, do you want them to have surgery? _____

POST-OPERATIVE INSTRUCTIONS

1. No running, jumping, playing, swimming or other strenuous activity for 7 to 10 days. Keep your pet quiet. Pets must be kept indoors where they can stay clean, dry and warm. No baths during the recovery period. Dogs must be walked on a leash and cats kept indoors.
2. Check the incision site twice daily. Drainage, redness and swelling should be minimal. Do not allow your pet to lick or chew at the incision. If this occurs, an Elizabethan collar MUST be worn to prevent your pet from opening its incision.
3. Offer your pet a little water tonight. If there's no vomiting, offer them half their normal food serving. Normal appetite should return gradually within 24 hours. Lethargy lasting more than 24 hours, diarrhea or vomiting are not normal-see your primary veterinarian. Dogs may have a slight cough for a few days.
4. Begin normal feedings the day after surgery. Do not change your pet's diet or give excessive treats, table scraps, milk or any people food during the recovery period as this could mask post-surgical complications.
5. We recommend your pet receive a post-operative examination with your primary veterinarian 7 to 10 days after surgery. Have the incision checked for complete healing, to remove any skin sutures, and to discuss additional needs, follow-up care and vaccination boosters.
6. If there are any questions or concerns directly related to the surgery during the recovery period, please call the clinic where your pet had surgery. If there is an emergency after hours, contact your primary veterinarian or **Animal Medical Center 704-334-4684**.
7. Your pet received a green tattoo near their incision site. This tattoo is a scoring process in the skin; IT IS NOT AN EXTRA INCISION.

Humane Society of Charlotte Spay/Neuter Clinic will treat at our clinic, at minimal cost, any post-op complications resulting directly from the surgery, if the above post-op instructions are followed in full. Your primary veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see cause for concern. We cannot be held responsible for complications resulting from failure to follow post-op instructions, or for contagious diseases for which the animal was not previously properly vaccinated.

- | | |
|---|---|
| <input type="checkbox"/> Spay | Ovariohysterectomy – unless otherwise noted, there are no sutures to remove |
| <input type="checkbox"/> Neuter | Castration – unless otherwise noted, there are no sutures to remove |
| <input type="checkbox"/> Already Neutered | Please contact this clinic if you notice signs of un-descended testicles |
| <input type="checkbox"/> Already Spayed | Please contact this clinic if you notice signs of heat |
| <input type="checkbox"/> In Heat | Please keep away from intact males for at least two weeks |
| <input type="checkbox"/> Pregnant _____ | Unless otherwise noted, there are no sutures to remove |
| <input type="checkbox"/> Cryptorchid | Un-descended testicle(s), your pet has multiple incisions |
| <input type="checkbox"/> _____ | |

For safe flea control, our veterinarians recommend *Frontline*. Over-the-counter flea and tick treatments and collars are ineffective and may be harmful to your pet.

Please see your primary veterinarian to address the following concerns about your pet:

Over/Underweight Ear Concerns Skin Abnormalities Tapeworms Dental Concerns Fleas/Ticks

Other _____

S. Lee, DVM
S. Bailey, DVM
L. Sanderson, DVM
_____, DVM

Our veterinarians recommend that you establish a wellness program for your pet with a full-service veterinarian.

Your pet received these vaccinations/services today:

- | | | | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Bordetella | <input type="checkbox"/> Tramadol 50 mg | <input type="checkbox"/> Buprenex | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> FVRCP | <input type="checkbox"/> 1 Year Rabies |
| <input type="checkbox"/> HWP | # _____ | 0.3mg/ml # _____ | <input type="checkbox"/> MC | <input type="checkbox"/> EC | <input type="checkbox"/> FL |
| <input type="checkbox"/> DA ₂ PP _v | <input type="checkbox"/> Meloxicam .1 mg/kg SQ | | <input type="checkbox"/> Ear Tip | <input type="checkbox"/> Hernia Repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HW Test | <input type="checkbox"/> - neg <input type="checkbox"/> + pos | <input type="checkbox"/> FELV/FIV Test | <input type="checkbox"/> - neg <input type="checkbox"/> FELV + pos | <input type="checkbox"/> FIV + pos | |

Requested Vaccines and Services

- | | | |
|--|--|--|
| <input type="checkbox"/> Rabies 1yr 3 yr | <input type="checkbox"/> Microchip | <input type="checkbox"/> Hernia Repair |
| <input type="checkbox"/> DHPP/FVRCP | <input type="checkbox"/> HWT/HWP | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Bordetella | <input type="checkbox"/> Felv/FIV Test | <input type="checkbox"/> E-Collar |
| <input type="checkbox"/> Take Home PM | <input type="checkbox"/> Frontline | <input type="checkbox"/> Ear Tip (ferals only) |

Wt.	Temp.
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