

**Owner or Guardian Name** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Address including city and zip code** \_\_\_\_\_

**Phone Number where you can be reached today** \_\_\_\_\_

**Animal Name** \_\_\_\_\_ **Age or Date of Birth** (leave blank if unknown) \_\_\_\_\_

**Sex** Please circle **Male** **Female** **Unknown** **Color** \_\_\_\_\_

**Markings** \_\_\_\_\_ **Haircoat** Please circle **Short** **Medium** **Long**

*It is important for you to understand that there is a risk of injury or death to your cat undergoing anesthesia and surgery. Please carefully read and understand the following information before signing your name.*

I, acting as owner or agent of the pet named, hereby request and authorize the ACS Community Clinic veterinarians to perform a spay or neuter on the above named animal.

**I understand that the surgery presents some hazards, including but not limited to exposure to infectious contagious diseases and injury to or death of your pet, for there are some risks in the procedure and the use of anesthetics and drugs in providing this service.**

I understand that my cat will not receive a complete physical examination before surgery is performed.

I understand that if my cat is found to be pregnant, the pregnancy will be terminated.

I understand that my cat will receive an ear tip during surgery today to identify it as altered.

I understand that my cat will receive a rabies vaccination at the time of surgery.

**Please initial** \_\_\_\_\_ **I agree to have my cat ear tipped today during surgery (REQUIRED)**

**Please initial** \_\_\_\_\_ **I certify that my cat is in good health and has had no food since 9pm the evening prior to surgery. I do not have any medical concerns or other concerns for my cat at this time. I understand that if my cat has unknowingly eaten within the last 12 hours, there is an increased risk of anesthetic and surgical complications including, but not limited to, aspiration pneumonia and death.**

**We reserve the right to decline any cat for surgery today.**

**Would you like a spay/neuter certificate for your cat?** Please circle **Yes** **No**

**Would you like a reminder in 1 year when the rabies vaccine will be due?** **Yes** **No**

**If this cat has an Upper Respiratory Infection or a heart murmur I elect to proceed with surgery with the understanding there are risks involved which may include death. Proceed** \_\_\_\_\_ **Postpone** \_\_\_\_\_

**Owner/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Do you want to be added to our email/newsletter list?** Please circle one **YES** **NO**

## CLINIC USE ONLY

Animal Name \_\_\_\_\_ Owner/Guardian Name \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Anesthesia: TTD \_\_\_\_\_ cc IM Mel \_\_\_\_\_ cc SQ Antisedan \_\_\_\_\_ cc IM **Controlled Log:**

Physical Exam: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ Weight: \_\_\_\_\_ # \_\_\_\_\_ oz

Notes:

Procedure: **Routine OVH** **Routine Castration**

Surgery Notes: pregnant: Yes No

Ear Tip:

**Rabies Vaccine Sticker**

