



Date: \_\_\_\_\_

# Spay and Neuter Surgery Center

## CANINE/FELINE INTAKE FORM

### Staff Only

#### DISCOUNT CODE:

- Pit Fix      Chi Fix      Regular Fee  
 Low Income      Voucher

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Staff:

(place Client/Patient label here)

### Pet's Vaccine History

Is your pet up to date on vaccines?      YES      NO

If no, would you like to get vaccines today?      YES      NO

#### Please list the dates of the last received vaccines:

##### DOG

DHPP/Da2PP \_\_\_\_\_

Rabies \_\_\_\_\_

Bordetella \_\_\_\_\_

##### CAT

FVRCP \_\_\_\_\_

Rabies \_\_\_\_\_

FELV \_\_\_\_\_

### General Pet Information

How long have you had your pet?	Where did you get him/her?
Does your pet shy away, growl, or try to bite when approached by strangers?	If yes, are you able to restrain and/or place a muzzle on your pet?
When did your pet last eat?	

Pet's Medical History (please check the box)	NO	YES	
In the last two weeks, has your pet had any of the following: coughing, sneezing, vomiting, diarrhea, not eating or drinking, change in behavior?			If yes, describe:
Has your pet been diagnosed with any medical condition (heart murmur, seizures, etc.)?			If yes, describe:
Has your pet sustained any serious injury (hit by car, attacked by other animal, etc.)?			If yes, describe:
Has your pet ever had surgery before?			If yes, describe:
Has your pet had a reaction to vaccines, medications, or anesthesia?			If yes, describe:
Is your pet currently on any medications?			Please list:
If your pet is female, please complete the following questions:			
Has your pet had any litter(s)/babies?			If yes, when:
Do you think your pet is pregnant?			How far along:
Has your pet had a heat cycle?			If yes, when:

I would like to leave a donation of \$ \_\_\_\_\_ to help shelter animals and other important programs at the EBSPCA.

# Authorization for Sterilization Surgery

I certify to my knowledge that my pet \_\_\_\_\_ is in good health. I acknowledge that all pre and post operative care is my fiscal responsibility. I agree that I will be financially responsible for any post-operative medical treatment relating to this procedure or any other unrelated medical problems of my animal. **Initial Here \_\_\_\_\_**

I understand that there are certain medical risks associated with this procedure, including but not limited to: infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, or death. I will hold harmless the East Bay SPCA, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal as a result of the procedure or the above risk factors. **Initial Here \_\_\_\_\_**

I understand that the medical staff of the East Bay SPCA will perform a physical examination for anesthesia, but will not perform a comprehensive cardiac exam or other diagnostic tests. I understand that there are increased risks due to the fact that the East Bay SPCA will not perform an extensive pre-operative diagnostic evaluation and that this exam does not replace a regular physical exam performed by my primary veterinarian. **Initial Here \_\_\_\_\_**

I understand that for the health and safety of my animal and other patients, it is strongly recommended to have my animal current on vaccinations. I further understand that if my pet is not current on vaccinations that there may be additional risks towards the health of my animal and that it is my financial responsibility if any such issues should arise. **Initial Here \_\_\_\_\_**

I understand that my pet will have a permanent tattoo placed on or near the incision. The tattoo is a straight line about 1 to 2 cm long and only a couple mm wide. The color of the tattoo ink is green. **Initial Here \_\_\_\_\_**

I understand that if in the course of treatment a condition is discovered that requires medical attention or additional procedures are needed, that the attending veterinarian will, in his/her absolute discretion, perform such procedures. Additional procedures may include, but are not limited to, hernia repair, pregnancy, special handling for aggressive animals, deciduous (baby) tooth extraction, or administration of IV fluids. If the female is found to be pregnant, I understand that the East Bay SPCA will terminate the pregnancy. I consent to these procedures and agree to pay all additional charges. **Initial Here \_\_\_\_\_**

I understand that if my animal is not picked up before 5:00 pm on the day of surgery, there will be an additional \$25 late pickup fee. **Initial Here \_\_\_\_\_**

I understand that if my animal is not picked up on the assigned day, the animal may be transferred to another East Bay SPCA facility for boarding and that boarding charges (\$50 per night) will accrue. I understand that the East Bay SPCA does not have 24 hour staff and that the animal left overnight will be unattended and will not be monitored for any possible complications including but not limited to: infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, or death. **Initial Here \_\_\_\_\_**

I, the undersigned, being of legal age and responsible for the animal described above, have read fully and understand this entire page. I authorize the East Bay SPCA Spay Neuter Surgery Center ["EBSPCA"] to anesthetize, surgically sterilize, and provide other medical care ["Procedure"] to the animal described.

**Signature of owner or authorized agent**

**Date**

**Telephone Number**

Higher Risk Surgery Condition \_\_\_\_\_

I acknowledge that because of the medical condition of the animal identified above, the surgery performed at the East Bay SPCA is considered a higher risk surgery. The staff veterinarian has informed me, and I fully understand the possible risks and complications that could occur due to the above condition. I understand that I will take all financial responsibility if my animal experiences any complications due to this high risk condition.

**If the above condition requires that my animal needs transfer to and further treatment or observation at a 24 hour Emergency facility, I will take all financial responsibility for this treatment.**

Signature \_\_\_\_\_

**DO NOT SIGN UNLESS INSTRUCTED TO DO SO BY THE VETERINARIAN**