
Spay & Neuter Form

Owner Name: _____ Cell#: _____ Home#: _____
Emergency Contact: _____ Phone Number: _____
Address: _____ City: _____ State/Zip Code: _____
Pet's Name: _____ Age: _____ Sex: _____ Color: _____ Breed: _____

****OFFICE USE ONLY****

Surgery Type:

Spay [] Estrus: Yes [] No []

SNIP: Yes [] No []

Neuter [] Cryptorchidic: Yes [] No []

Vaccines up to Date? Yes [] No []

CPR Status: _____

Vaccines Needed: _____

Microchip: Yes [] No []

PAIN MEDICATION AND E-COLLAR ARE INCLUDED

Consent and Waiver

I (owner's full name) _____, Request The Western Arizona Humane Society Veterinary Clinic to surgically sterilize and/ or vaccinate my pet. If a condition is encountered during surgery that requires additional care or medication, I grant permission for these services to be performed and I agree to pay for the said services. **Please be advised that there will be additional charges if a pet is in heat or has retained testicles (not visible) with charges up to \$300.00.**

I waive any and all claims for damages against The Western Arizona Humane Society Veterinary Clinic, its employees, or its agents in the event of injury, illness or death of my animal. I understand that The Western Arizona Humane Society Veterinary Clinic is not an emergency animal hospital. In the event of a critical illness, injury or emergency I must take my animal(s) to an animal emergency clinic at my own expense. **No refunds for pre-paid surgeries, No Call, No Show Appointments. The client forfeits all advanced deposits which are nonrefundable. There will be no amount credited to account for future appointments. Initial Here*-**

Spay/neuter tattoo authorization: *Do you authorize the doctor to mark your pet's surgical incision with permanent tattoo ink to indicate that your pet has been altered?* **YES NO (circle one).** This will allow a vet to easily determine if your pet has been altered and may prevent an unnecessary surgery if your pet is ever lost. The dark green tattoo ink is applied at the end of the procedure and is only about 1/2 inch long line when healed.

I hereby declare that I am the owner or agent of the owner of the animal described herein. To my knowledge, my pet is healthy and has no undeclared medical problems. If not so, please explain: _____

Client Signature: _____

Date: _____