

AHA! Alliance For Humane Action

DATE _____ No. _____

Animal's Name _____

Age: _____

☐ Dog ☐ Domes. Cat ☐ Feral Cat ☐ Other

Domestic Short Hair Domestic Long Hair Exotic

Description/Coloring: _____

Gender: ☐ Male ☐ Female ☐ Don't know

SURGICAL PROTOCOL

☐ Sterilize ☐ Ear tip
☐ Distemper Vaccine ☐ SNAP Test
☐ 1yr Rabies Vaccine **TEST RESULT** (Vet use only)
☐ Pain injection **FIV**
☐ Positive ☐ Negative

☐ Microchip **FelV**
☐ E-collar- **Advised** ☐ Positive ☐ Negative

☐ Pain Meds to go home
☐ Treat for fleas (Revolution)

☐ Nail trim

☐ Other: _____

Authorization for Surgery

I, the undersigned, acting as the owner/guardian of the above animal(s), authorize veterinarian(s) contracted by Alliance for Humane Action (AHA!) to anesthetize, surgically sterilize (spay or castration), tattoo and provide other related medical care; up to and including antibiotics & SQ fluids to my animal(s) for which I am financially responsible. I understand that there are inherent risks associated with anesthesia and surgery including but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. **I understand that the veterinarian will not perform any preoperative blood or diagnostic tests.**

I will hold harmless AHA!, its contracted veterinarians, technicians, officers, directors, volunteers and agents from any problems experienced by my animal(s) as a result of anesthesia and surgery. I further agree to hold harmless the animal welfare group or humane society that may have scheduled the surgery.

I am aware that if my animal(s) needs emergency or additional veterinary treatment related to a post-operative surgical complication I may have to seek the services of a veterinary emergency hospital at my own financial expense.

As a participant in the spay/neuter program and as a visitor to a veterinary clinic, I assume the risks of being bitten, scratched, injured, or frightened by animals at the clinic. AHA! is not liable to me for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever, which I might suffer or sustain in connection with my participation in the spay/neuter program.

Signature _____

Print Name _____ Date: _____

Check-in Initials _____ payment: CC CASH

Guardian / Caretaker Info

Name _____

Address _____

County _____

Mobile Phone _____

Email address _____

Amount due: \$ _____

Make sure you understand the risks of declining pain management with your spay/neuter surgery. Pain management is important to keep your animal comfortable after surgery for an easier recovery. Follow after-care instructions provided at pickup closely. Do not allow licking or chewing of the area. If you think your pet needs an e collar to keep them from doing this - GET ONE!

During surgery the veterinarian may discover additional medical complications such as; pyometra (uterine infection), early pregnancy or cryptorchidism. I authorize the vet to provide any additional treatment deemed medically necessary with the understanding that I am financially liable. Charges may range from an additional \$50-\$150.

Please initial here: _____

****WE HAVE A NO DECLAW POLICY – EVER! If you plan to declaw your cat you are not eligible to use our program.**

Weight : _____

Notes from veterinarian

Pick up time _____ Tech initials @ discharge _____