

AHA! Alliance For Humane Action

DATE _____

Animal's Name _____

Age: _____

Description _____

Breed _____

Gender: ☐ Male ☐ Female ☐ Don't know

SURGICAL PROTOCOL

- ☐ Sterilize
- ☐ Rabies Vaccine (1 year)
- ☐ Distemper Vaccine
- ☐ Pain injection
- ☐ Pain Medication for home
- ☐ Microchip
- ☐ E-collar-Advised
- ☐ Treat for fleas/ ear mites (Revolution)
- ☐ Nail trim (included)
- ☐ Ear tip
- ☐ Snap test : FIV ☐ Negative ☐ Positive
- FeLV ☐ Negative ☐ Positive
- ☐ MCAC / ☐ LCAC Tag: _____

Medical notes

Weight: _____

_____ IM Bottle #: _____

Amount due: \$ _____ sterilization package

Check-in Initials _____ Payment: CC Cash

Guardian / Caretaker Info

Name _____

Address _____

County _____

Mobile Phone _____

Email address: _____

Make sure you understand the risks of declining pain management with your cat's spay/neuter surgery. Follow after-care instructions closely.

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 \$50-\$150.

If fleas or ear mites are present during your cat's visit, Revolution **WILL** be applied at the client's expense. Payment of services due upon pick up.

Please initial here: _____

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) and provide other related medical care to my animal(s). 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 veterinarian will not perform any preoperative blood or diagnostic tests.

I will hold harmless AHA!, its contracted veterinarians, technicians, officers, directors, volunteers and agents for 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 _____

Pick up time: _____