



Paws Humane Society
4900 Milgen Road
706-987-8380

Humane Society

Pet's Name _____ Age _____ Sex _____

Breed _____ Color _____

Pt Rec No _____

Paid _____

Cash CC Check

Surgery Date _____ Last Name _____ First Name _____ Number you can be reached today? _____

Address _____ City, State, Zip _____ Email address _____

When did your pet last eat and drink? _____ *I want to make a donation to help a local animal in need! Please add \$ _____ to my bill.*

How did you hear about us? (Circle one) TV Radio Social Media Friend/Family member Home visit Other _____

FOR CAT OWNERS – Please circle Yes or No FOR FERALS – SKIP THIS SECTION

Has your pet ever had an allergic reaction to a vaccine or medication? Yes No

Is your pet currently taking any medications? (Aspirin, allergy meds, etc) Yes No

Has your pet ever had a seizure? Yes No

What illness has your pet had in the past two weeks? Coughing Sneezing Weight Loss Vomiting Diarrhea Loss of appetite None

Other _____ Explain: _____

It is **required** that your pet is current on their rabies vaccination, paper proof is required. Will we be vaccinating your pet for rabies today? **\$14** Yes No

Microchipping is permanent identification that is placed just underneath your pet's skin between the shoulder blades. The microchip connects your contact information to your pet and can be very beneficial in returning lost pets to their owners. Would you like your pet microchipped today? **The cost is included in the price for surgery.** Yes No

Your pet will receive a pain injection today that will last for 24 hours. For your pets comfort we recommend additional take home meds. Post-operative pain medications help control pain and swelling. Would you like your pet to take home additional pain control today? **\$10** Yes No

Blood work is an important step for any pet undergoing anesthesia. Animals are very capable of hiding illness and can suffer from disease without showing any outward signs. A blood panel can help minimize risk of anesthetic, surgical, and postoperative complications by checking for pre-existing liver disease, kidney disease, anemia, infection and other conditions. This testing is **STRONGLY** recommended for pets over the age of 7 years. If you would like preoperative blood work done on your pet we would need to draw a blood sample from your pet approximately a week before surgery is scheduled as it is sent to an outside lab. Charge **\$60**

_____ No, I understand the risks and waive my option to have preoperative bloodwork done for my pet.

FOR CAT OWNERS or FERAL CAT CAREGIVERS- Please circle Yes or No

We recommend that your cat be vaccinated against common diseases that are transmitted between cats. Would you like for your cat to receive an FVRCP vaccine today? **\$17** Yes No

It is suggested that all cats be tested for FeLV/FIV if their status is unknown. Would you like your cat tested today? **\$25** Yes No

Other requested services Nail trim **\$5** Yes No Deworming **\$15** Yes No FeLV vaccine **\$25** Yes No Other _____

Important! Please read, initial and sign...

_____ I understand that I will be charged a **fee of \$20.00** per night if my pet isn't picked up at the designated time. I also understand that any pet left for 72 hours or more will be considered abandoned and Paws Humane will exercise its right to either turn the animal over to Columbus Animal Control or dispose of the animal as deemed just and proper. At the cessation of the work week, all remaining animals that have not been picked up will be turned over to Animal Control for staff safety and liability issues.

_____ I understand that all community cats will receive a left ear tip for future identification. Ear tipping provides immediate visual identification, which alerts animal control that a cat has been trapped and altered, and identifies new cats in an area which have not.

Please complete other side

I understand that in case of a post-op emergency or complication, or if my pet damages or removes the surgical sutures, it will be my responsibility to take my pet back to the Paws Humane Spay/Neuter Clinic during normal business hours or to my private veterinarian if after hours. I will assume responsibility of all charges incurred.

I understand that my pet will receive a **small tattoo** on their underside to show that they have been sterilized.

I understand that some factors significantly increase surgical risk, including, but not limited to, age, pregnancy, heat, obesity, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), and heartworms.

I understand that **additional charges** will apply for animals with hernias, undescended testicles, in heat or pregnant animals and pyometras.

I understand that any animal found to be pregnant during her sterilization procedure will have her pregnancy terminated.

I understand that Paws has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure.

I hereby authorize the surgical sterilization of the aforementioned animal. To my knowledge the above animal is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am at least 18 years of age and the owner of the above animal or am responsible for it and have the authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine necessary. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that I understand additional charges may apply and any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless the Paws Humane Spay/Neuter Clinic and the attending veterinarians from and against any and all liability arising out of the performance of all procedures referred to above.

Pet Owners Signature: _____ **Date:** _____
Owned _____ Community Cat (voucher) _____ Community Cat (\$35) _____

FOR STAFF USE ONLY Pet's Name _____
Type of Sx: Spay / Neuter Other Procedures: Ear Tip Other _____
S: BAR Abn O: PE= WNL Abn A: Surgical Candidate Y N
P: Surgery Y N TPR: WNL Abn

Exam Abnormalities: _____

Over/under weight _____ Ear concerns _____ Skin abnormalities _____ Tapeworms _____ Dental concerns _____ Fleas/Ticks _____

Surgery notes: _____

Induction:
TTdex _____ mls IM TDM _____ mls IM
isoflurane maintenance yes no

Post Op Rx
Novox Tramadol Meloxicam _____ mgs Give _____
tab mL by mouth _____ times a day for _____ days. Start
tomorrow morning.
PPO PP2 Give all _____ tab ml by mouth with a full meal for
deworming.

Analgesia: Ketoprofen (100mg/ml) _____ mls SQ
Additional: Antisedan: _____ mls IM Lidocaine _____ mls IT
Other _____

Spay - Ventral midline incision, ovarian peds: Instrument tie Millers Suture _____
Uterine stump: Millers Transfixation Suture _____
Abdominal closure: Cruciate Simple interrupted Simple continuous Suture _____
SQ closure: Simple continuous Suture _____
Skin: Intradermal
Neuter - Skin incision: Pre-scrotal Scrotal Technique: Open Closed
Cord ligation: Instrument tie Millers Suture _____
SQ/skin closure: none/open Simple continuous/intradermal Suture _____

Services performed:

Rabies vaccine	In Heat	Microchip/Vaccine stickers	Doctor:
FVRCP vaccine	Pregnant		_____
FeLV vaccine	Cryptorchid I A		Weight:
FeLV/FIV test FeLV + - FIV + -	Previously Altered		_____
Nail Trim	Hernia Repair I U		
Deworming	Other _____		