



Paws Humane Society  
4900 Milgen Road  
706-987-8380

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Check in staff initials  
\_\_\_\_\_

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 DOG OWNERS Please circle Yes or No**

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? **\$15** Yes No

Microchipping is permanent identification that is placed just underneath your pet's skin between their 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.** Rescue vouchers may or may not include the cost of the microchip, please check with our front desk if you are unsure. 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**

\_\_\_\_\_ Yes, I want to have preoperative bloodwork done on my pet. \_\_\_\_\_ No, I understand the risks and waive my option to have preoperative bloodwork done for my pet.

We recommend that your dog be vaccinated against common diseases that are transmitted between dogs. Would you like your dog to receive a DAPP vaccine today? **\$19** Yes No

It is **strongly** recommended that all dogs be tested for heartworms if their status is unknown. Heartworms are transferred by mosquitos and infect the dog's heart and lungs. Dogs that are positive for heartworms are at a much greater risk of complications while under anesthesia. Would you like your dog tested today? **\$18** Yes No

**Other requested services** Nail trim **\$5** Yes No Deworming **\$20** Yes No Bordatella **\$19** Yes No Anal glands **\$15** 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 my pet will receive a **small tattoo** on their underside to show that they have been sterilized.

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 some factors significantly increase surgical risk, including, but not limited to, age, pregnancy, heat, obesity, and diseases such as 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 understand that if my pet develops kennel cough after surgery, I am responsible for treatment at my own cost.

**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. I am aware that photographs or video taken today may be used in printed or online materials to promote Paws Humane Society and that I may receive promotional emails from the organization that I can unsubscribe to at any time.

**Pet Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR STAFF USE ONLY** Pet's Name \_\_\_\_\_

S: BAR Abn O: PE= WNL Abn A: Surgical Candidate Y N  
P: Suraerv Y N TPR: WNL Abn

Type of Sx: Spay / Neuter Other Procedures: Ear Tip Other \_\_\_\_\_

Exam Abnormalities: \_\_\_\_\_

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

Surgery notes \_\_\_\_\_

<b>Premed:</b> _____ Ace 10mg/ml SQ _____ torb 10mg/ml SQ _____ morphine 50mg/ml	<b>Induction:</b> _____ ketamine/ _____ midazolam _____ dexmedetomidine/torb mls of each  <b>Maintenance:</b> isoflurane maintenance	<b>Analgesia:</b> Meloxicam 5mg/ml _____ ml SQ <b>Additional:</b> Antisedan: _____ mls IM Other _____
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**Post Op Rx**

Carprofen 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.

**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 Suture \_\_\_\_\_  
**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: _____
DA2PP vaccine	Pregnant		
Bordatella vaccine	Cryptorchid I A		
Heartworm test neg pos	Previously Altered		Weight: _____
Deworming	Dewclaw removal		
Nail trim	Hernia repair I U		
E collar _____	Other _____		