

ADMISSION FORM



Surgery Date: _____

Owner Info Last Name _____ First Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phones on surgery day: Work: _____ Home: _____ Cell: _____
Other Phone: _____ E-mail: _____

Pet Info Name: _____ Pet Date of Birth or age: _____ Pet ID#: _____
Color(s): _____ Breed(s): _____
Circle One: [Dog Cat] [Male Female] Has Your Pet Had a Litter (circle one)? 0 1 2 or more
Who is your regular veterinarian? _____

How did you hear about our clinic? Sign Animal Shelter Humane Society St Francis O'Malley Radio Newspaper
TV Word of Mouth Internet Other: _____

I, acting as owner or agent of the pet named above, hereby request and authorize O'Malley PET, through veterinarians they designate, to perform a surgery for sexual sterilization of the animal named on the above portion of this form. I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.

Vaccination. Check one of the following:

- I certify that my animal has been vaccinated within one year prior to this date, and have proof of rabies vaccination
- I request recommended vaccinations at the time of surgery.

I understand that it takes up to two weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations and deworming, and waive all claims arising out of or connected with the performance of surgery due to such failure. I understand that my pet will receive a rabies vaccine if no proof of current rabies vaccination is provided.

Certification of Health. I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery. I understand that O'Malley PET has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that my pet will receive a pre-surgical evaluation by a veterinary technician or trained volunteer, but may not be carefully examined by a veterinarian prior to surgery. I also understand that my animal will likely not receive pre-operative bloodwork and waive my right to have these pre-operative services performed prior to surgery at a full service veterinarian. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

Pregnancy, hernias and undescended testicles. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery, resulting in a larger incision than usual. I understand that if both testicles are not present in the scrotum, my male dog will have exploratory surgery for the presumed retained testicles, resulting in an additional fee of \$20 per side.

Pick-up after surgery. I understand that if I don't retrieve my pet at the agreed upon time that O'Malley PET will consider my pet a stray, and reserves the right to take the animal for the Nacogdoches Animal Shelter. Owners of pets left after the agreed time and date shall be charged a boarding fee of no less than \$10 per night.

Patient Pick-up time: _____ Patient Pick-up Date: _____

Release. I hereby release O'Malley PET, The O'Malley Alley Cat Organization, all veterinarians, assistants, volunteers, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations or other medication. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I hereby agree to indemnify and hold O'Malley PET and other involved parties harmless for any damages caused during transportation of the animal. I authorize release of veterinary medical records produced by O'Malley PET to any veterinarian or animal shelter that requests the records. **I UNDERSTAND THAT MY PET WILL BE MARKED BY A TATTOO TO BE IDENTIFIED AS SURGICALLY STERILIZED** (green line on the belly). **FERAL (WILD) CATS WILL BE EAR TIPPED** (ask to see a photo of this if you have questions).

Requested services:

- | | | |
|---|--|--|
| <input type="checkbox"/> Canine DHPP vaccine (\$7.50) | <input type="checkbox"/> Rabies Vaccine (\$5) | <input type="checkbox"/> Fecal Worm Test (\$5) |
| <input type="checkbox"/> Bordetella vaccine (\$5) | <input type="checkbox"/> Spay/Neuter (fee _____) | <input type="checkbox"/> Canine Heartworm Test (\$7) |
| <input type="checkbox"/> FVRCP Vaccine (\$5) | <input type="checkbox"/> Microchip (\$10) | <input type="checkbox"/> Feline Leuk Test (\$10) |
| <input type="checkbox"/> FeLV Vaccine (\$7.50) | <input type="checkbox"/> Ear tip (no charge) | <input type="checkbox"/> Nail Trim (no charge) |

Signature: _____ Print Name: _____ Date: _____

Total Fees: _____ Owner Co-Pay: _____ Subsidy: OM OMPET RexSam MontTrust