

ADMISSION FORM

<input type="checkbox"/> Credit Card _____
<input type="checkbox"/> Voucher # _____
OFFICE USE ONLY

Site of Surgery _____		Owner's First Name _____		Owner's Last Name _____		Pet's Name _____		Pet's Age or DOB _____	
Rescue Group _____		Shelter _____		<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Pet's Color(s) _____					Pet's Breed _____				
Owner's Street Address _____				City _____		State _____		ZIP _____	
Emergency Phone Number (in case of complications) _____			Alternate Phone Number _____			Email Address _____			

Operation Spay Bay (OSB) uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read, and ensure you understand, the following before signing your name:

- I, acting as owner or agent of the pet named above, hereby request and authorize Operation Spay Bay, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.
- I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
- I either certify that my animal has been vaccinated within one year prior to this date, or waive my right to protect my animal by having it vaccinated, or 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 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 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 OSB has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that OSB may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work, and waive my right to have this service 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 (FIV), feline leukemia (FeLV), and heartworms.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- Your animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.
- I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery at an additional charge of \$20.
- I understand that if my animal has a flea infestation, a Capstar pill will be given prior to surgery at an additional charge of \$7.
- I understand that if I do not retrieve my pet at the agreed-upon time, OSB will exercise its right to either turn the animal over to the nearest Animal Control agency, or dispose of the animal as deemed just and proper, and as allowed by the State of Florida. Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$20 per night.
- I hereby release Operation Spay Bay, the OSB spay/neuter clinic, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. 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. Owner/agent hereby agrees to indemnify and hold Operation Spay Bay harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Requested Vaccines and Services

<input type="checkbox"/> Rabies Vaccine	<input type="checkbox"/> Cat- Distemper Vaccine	<input type="checkbox"/> E-Collar	<input type="checkbox"/> Flea Prevention
<input type="checkbox"/> Dog- Distemper/Parvo Vaccine	<input type="checkbox"/> Cat- Leukemia Vaccine	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> HW Prevention
<input type="checkbox"/> Dog- Bordetella Vaccine	<input type="checkbox"/> Cat- FIV/FeLV/HWT	<input type="checkbox"/> Dewormer	<input type="checkbox"/> Cat Carrier
<input type="checkbox"/> Dog- Heartworm Test	<input type="checkbox"/> Cat- Ear Tip	<input type="checkbox"/> Microchip	<input type="checkbox"/> Med Package

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE I HAVE PROOF OF CURRENT RABIES VACCINATION

DATE VACCINATED _____

SIGNATURE

DATE