



Spay/Neuter Veterinary Clinic of the Sandhills

910 692-FIXX (3499)

			
Your First Name: _____	Your Last Name: _____	Email: _____	Pets Name _____
Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Has your pet had a litter? Yes ___ No ___		Date of Last Litter: _____
Male ___ Female ___	Color _____	Breed _____	Age of Pet or DOB: _____
Address: _____		City: _____	State: _____ Zip: _____
County: _____	Home Phone: _____	Work Phone: _____	Cell Phone: _____
Where did you hear about the Spay Neuter Veterinary Clinic of the Sandhills? Newspaper: <input type="checkbox"/> Radio: <input type="checkbox"/> Friend: <input type="checkbox"/>			
Animal Group <input type="checkbox"/> Other: _____			
<p>Spay Neuter Veterinary Clinic (SNVC) uses qualified staffing and approved materials for all procedures. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is in human surgery. Carefully read and understand the following before signing your name.</p>			

I, acting as owner or agent of the pet named above, hereby request and authorize SNVC to perform an operation for sexual sterilization of the animal named above.

I understand that any anesthetic/surgical procedure, including surgical sexual sterilization, presents a degree of risk to the patient and, though minimal, may result in injury or death. I certify that my animal is in good health. 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 or due to such failure. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, being in heat, and diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia, and heartworm disease. I understand that if my pet has a pre-existing medical condition, clinical or subclinical, this condition may be worsened by anesthesia and/or surgical sterilization. Also, if staples are placed at the incision, I will be required to purchase an e-collar at the doctor's discretion. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. If staples are placed due to pregnancy, an e-collar may be required to be purchased. I understand that SNVC has the right to refuse service to any animal determined to be ill or at increased risk. *Sick animals are at higher risk for anesthetic and surgical complications, as well as pose a risk to other animals in the clinic.*

I understand that SNVC 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.

I certify that my animal has had no food since 12:00 midnight the evening prior to surgery (excluding pets less than 4 months old).

I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery for an additional fee. I understand that if my male animal is a cryptorchid there will be an additional fee for surgery.

I understand that if I do not retrieve my pet at the agreed upon time that SNVC will exercise their right to turn the animal over to the nearest animal control center, humane society, or dispose of as deemed just and proper as allowed by the State of North Carolina under G.S. 90-187.7(a). **Owners of pets left after closing at 5pm will be charged a 25.00 per hour late fee. Owners dropping Pets off past the intake time of 8:00am will be charged a 25.00 late drop off fee. I understand that payment in full is required at the time services are rendered.**

I understand that under no circumstances will the Spay Neuter Veterinary Clinic pay for services received at another veterinary clinic, whether or not the services are related to a surgery done at the Spay Neuter Veterinary Clinic.

I understand that if my Pet is a female, there will be a small permanent green line tattoo next to the incision indicating sterilization.

I understand that if the Clinic has any questions regarding your pet or there is reason for concern or increased risk with surgery noticed prior or during surgery, the clinic will attempt to reach the owner at the numbers left at check in. **IF THE OWNER IS NOT REACHABLE BY 10AM DAY OF SURGERY I UNDERSTAND THAT SURGERY MAY NOT BE DONE ON MY ANIMAL** and you will need to reschedule your appointment.

I hereby release the Companion Animal Clinic of the Sandhills Foundation, Spay Neuter Veterinary Clinic of the Sandhills, 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 any of the above, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to hold SNVC unaccountable 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.

Please check if you are: Requesting a Rabies Vaccination at an additional fee of \$10.00

Requesting a Microchip at an additional fee of \$25.00

Requesting an Ear Tip Bravecto flea/tick prevention-3month supply \$45.00

Please list medications your pet is currently on or past surgeries: _____

Signature: _____ Date: _____