

Humane Society of Livingston County

Appointment Date		Appointment Time		Made By:		Vet Room Sign off	
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CATS		DOGS (<i>no weight limit</i>)	
Spay	\$25	Spay	\$60
Neuter	\$20	Neuter	\$40
Feral Cat: Male/Female Includes Rabies vaccine & Ear Tip	\$25	Pyometra may be an additional cost established during surgery	\$0-50
Vaccinations: Rabies, distemper (surgery prices only)	\$10 EACH	Vaccinations: Rabies, Distemper, Bordetella (surgery prices only)	\$10 EACH
Umbilical Hernia Repair	\$10-15	Umbilical Hernia Repair	\$10-15
FeLV/FIV test	\$20	Heartworm Test	\$20
Microchip	\$20	Microchip	\$20

Spay/Neuter Authorization Form

FEES WILL BE COLLECTED PRIOR TO RELEASE OF ANIMALS. I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be relinquished to the Humane Society of Livingston County. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

BEST NUMBER TO REACH YOU AT TODAY:

Animal Name: _____ Species: _____

Breed: _____

Sex: Male / Female Color: _____ Age: _____

Will you be the person picking your pet up? Yes / No

If not who will that designated person be?

Is your pet vaccinated? If so, where?

SPAY & NEUTER CLINIC

Request and Consent for Surgery:

I do hereby certify that I am the owner/agent of this cat and have the authority to grant consent for any anesthesia, surgery, procedures, treatments, and /or administration of extra label medications within accepted veterinarian guidelines as deemed advisable or necessary for my pet.

I understand there are medical risks associated with the Procedure, including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. I understand that HSLC staff will perform a physical exam but NOT perform a comprehensive cardiac exam, other diagnostic tests, or blood-work prior to the Procedure. I understand that there are increased risks due to the fact that HSLC will NOT perform extensive pre-operative diagnostic evaluations. I further understand that there are additional risks if my pet is not current on recommended vaccines and receives those vaccines at time of surgery.

I will hold harmless HSLC, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal as a result of the Procedure or the above risk factors. I further agree to hold harmless the animal shelter or human society that scheduled the Procedure.

If in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges if any.

I agree that I will be available by phone today. If a situation arises and I cannot be reached at the phone number below, I authorize the veterinarian to use his/her discretion and clinical judgment as to how to proceed. I understand that the HSLC staff and the shelter staff will not leave a message, and that I have to be available by phone during the day of the procedure. I agree that I will be financially responsible for any post-operative medical treatment relating to this Procedure or any other unrelated medical problems of my animal.

Signature of Client or Animal Agent

Date

Print Name

