



Admission form for Spay/Neuter Surgery

for office use only
A# \_\_\_\_\_ Cash 
Total \_\_\_\_\_ CC 
Other \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog Cat Male Female
Circle One Circle One
Pet's Age \_\_\_\_\_ Pet's Breed \_\_\_\_\_ Pet's Color(s) \_\_\_\_\_

Your First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Emergency phone number \_\_\_\_\_ Contact email \_\_\_\_\_

Pets are given pain medication at time of surgery. Please circle any vaccines and services you would like in addition to spay/neuter:

- Rabies Vaccine \$0 Heartworm Test \$15 Nail Trim \$5
FVRCP (Feline) \$15 Kennel Cough Vaccine \$10 Ear Cleaning \$5
DHPP Vaccine (Canine) \$15 Fecal Test \$10 Cat take-home pain medication \$5
Cat Dewormer \$5 Microchip \$20 Dog take-home pain medication \$10
Dog Dewormer \$10 E-collar \$10/\$15 Bravecto Flea/Tick Preventative \$40
FELV/FIV Combo Test \$20 Cardboard Carrier \$5 Heartworm Preventative \$80/\$90

Has your pet seen a veterinarian in the last 30 days? NO YES last 30 days (flea/tick, insulin, steroids, thyroid)? NO YES
If Yes, Reason for the visit? \_\_\_\_\_
Who is your pet's regular veterinarian? \_\_\_\_\_
Has your pet been lethargic lately? NO YES \_\_\_\_\_ Has your pet been eating/drinking normally? YES NO
Does your pet have any known or current medical conditions or health issues (coughing, sneezing, seizures, vomiting, diarrhea)? NO YES \_\_\_\_\_
Has your pet had any injections or taken any medications in the \_\_\_\_\_ If female, is your pet in heat? YES NO

Office use only below this line

\_\_\_\_\_cc Ace 10mg/ml SQ IM \_\_\_\_\_cc Dilute Ace 1mg/ml SQ IM \_\_\_\_\_cc Hydromorphone 2 mg/ml sq
\_\_\_\_\_cc Ketamine 100mg/ml IV IM \_\_\_\_\_cc Midazolam 5 mg/ml IV IM \_\_\_\_\_cc TTDEX
\_\_\_\_\_cc Meloxicam 5 mg/mg SQ I \_\_\_\_\_cc Lidocaine 2% IT Maintained on \_\_\_O2 / \_\_\_Iso

Other: \_\_\_\_\_

Weight: \_\_\_\_\_LBS TPR \_\_\_\_\_=WNL / ABN

S:BAR / Abn O:P E = WNL / Abn A: Surgical Candidate =Yes / No P:Surgically sterilize = Accept / Decline

Comments: \_\_\_\_\_

Dog Spay: < 40lbs 2-0 suture or > 40lbs 0 suture, Uterine stump & Ovarian Pedicles= Miller's, Abdominal Closure= Cruciate, Subcutaneous= Simple Continuous, Skin= Subcuticular & Glue
\*Pregnant: Uterine Stump= Transfixed with Miller's
\*Pregnant or Complicated: Abdominal Wall= Simple Continuous
Dog Neuter: Closed Castration, Adults 2-0 suture, Cord Ligation= Miller's, Skin= Vertical Mattress & Glue
\*Pediatric: Cord Ligation= Instrument Tie, Skin= Glue
Cat Spay: 3-0 Suture, Ovarian Pedicles= Instrument Tie, Uterine Stump= Miller's, Abdominal Wall= Cruciate, Subcutaneous & Skin= Subcuticular
\*Pregnant or Complicated: Uterine Stump= Transfixed with Miller's, Abdominal Wall= Simple Continuous, Subcutaneous= Simple Continuous, Skin Subcuticular= Glue
Cat Neuter: Closed Castration, Cord Ligation= Instrument Tie

Microchip \_\_\_\_\_

Capstar \_\_\_\_\_

HW Test= NAD / + Antigen Detected \_\_\_\_\_

Other \_\_\_\_\_

Rabies 1 Yr \_\_\_\_\_

Ear Tip \_\_\_\_\_

Combo Test= FeLV Pos/Neg FIV Pos/Neg \_\_\_\_\_



**Medical Release** ChattaNeuter uses qualified staff including licensed veterinarians and approved high quality medical equipment and materials for all surgical 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 for humans who undergo surgery and general anesthesia.

Carefully read, understand, and initial the following before signing your name:

\_\_\_\_\_ I, being of legal age and responsible for the pet(s) brought by me to ChattaNeuter on this date, hereby request and authorize ChattaNeuter, through its veterinarians, veterinary technicians and assistants, to perform sterilization surgery, provide anesthesia, any other necessary treatment, and administer requested vaccinations to my pet(s).

\_\_\_\_\_ If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure the attending veterinarian may, in his or her absolute discretion, perform such procedure. **I understand that I will incur additional charges if any of the following conditions are found during surgery:** pregnant (\$20), infected uterus (\$20), undescended testicle/s (\$10 and up), dog in heat (\$20), fleas (\$5 for capstar), dog over 80 pounds (\$20-\$30), or if uterus or undescended testicles cannot be found and exploratory surgery is necessary (\$50 and up). I understand my pet will receive a small tattoo on his/her underside to show that he/she has been sterilized.

\_\_\_\_\_ I understand that as long as, in the opinion of the attending veterinarian, the pet is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical conditions **(including pregnancy)**. I understand that the attending veterinarian can refuse to perform any procedure on any pet for any reason.

\_\_\_\_\_ I understand the inherent risk of failing to maintain current vaccinations and waive all claims arising out of or connected to performance of this operation due to such failure. I understand that it takes up to two weeks for vaccinations to protect my pet. I agree to accept all risks of vaccination and personally accept both legal and financial responsibility for all charges incurred as a result of such risks. I further acknowledge that ChattaNeuter does not bear any legal responsibility for such risks and will bear no legal or financial responsibility for any charges incurred by me.

\_\_\_\_\_ To the best of my knowledge, my pet is in good health. I have advised ChattaNeuter of any known health problems my pet may have. I understand that ChattaNeuter will perform a brief physical examination before surgery, with the exception of feral cats.

\_\_\_\_\_ I understand that if I do not pick up my pet(s) by the designated time, my pet may be boarded at ChattaNeuter or elsewhere, **I will incur a minimum of \$75 in boarding fees**. If I abandon my animal, I relinquish all ownership rights, and ChattaNeuter will exercise its right to take care of such animal(s) as allowed by the State of Tennessee under Title 63-12-134(b).

\_\_\_\_\_ **I understand that I will be given a copy of the postoperative care instruction sheet at pickup and will follow all instructions. I understand that an e-collar is recommended for the prevention of my pet bothering its surgery site. I understand that if I fail to follow postoperative care instructions including keeping an e-collar on my pet, ChattaNeuter bears no responsibility.**

\_\_\_\_\_ I hereby release ChattaNeuter, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure, any adverse reactions from vaccinations, or any disease contracted due to incomplete vaccination status. I agree that I have not and will not claim any right of compensation from them, 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 ChattaNeuter harmless for any damages caused during the housing or transportation of this animal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your name: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_