

For Office Use

\$ \_\_\_\_\_ Cash / CC

## Baton Rouge Spay/Neuter

A NON-PROFIT ORGANIZATION

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parish you live in \_\_\_\_\_ Driver's License # \_\_\_\_\_

Pet Name \_\_\_\_\_ Cat / Dog \_\_\_\_\_ Male / Female \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Circle any extra services you want your pet to receive in addition to the spay or neuter:

Rabies vaccine \$15

→ Rabies tag \$10

Microchip \$20

Fecal \$15

Pre-surgical bloodwork \$50

Pain injection \$20

### DOGS

DHLPP vaccine \$15

Bordetella \$25

Annual \$85

(exam, rabies & DHLPP

heartworm & fecal tests)

### CATS

FVRCP \$10

→ add leukemia \$10

Felv/FIV test \$30

Profender dewormer \$20

1 month flea+dewormer \$30

### Please initial:

- I understand if my animal has fleas they will be treated with a 24-hour Capstar for \$6 \_\_\_\_\_
- I understand retained baby teeth will be removed at the time of surgery for \$5 per tooth \_\_\_\_\_
- I understand if my animal has an umbilical hernia it will be repaired during surgery for \$20 \_\_\_\_\_
- I understand if my male has an undescended testicle there will be an additional charge of \$30 \_\_\_\_\_

When is the last time your pet ate? \_\_\_\_\_

-Is your pet on any medication? No Yes → \_\_\_\_\_

-Any drug or vaccine reactions? No Yes → \_\_\_\_\_

-Any previous surgeries? No Yes → \_\_\_\_\_

-Any medical problems (seizures, heart murmur, etc.)? No Yes → \_\_\_\_\_

**Your pet will receive a small tattoo at its umbilicus to show that it has been sterilized.**

**Baton Rouge Spay/Neuter 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 understand the following before signing your name.**

I, acting as owner or agent of the pet named above, hereby request and authorize Baton Rouge Spay/Neuter, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named above.

I understand that the operation presents some hazards and that injury to or death of 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 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 certify that my animal is in good health and has had no food since 10:00pm the evening prior to surgery.

I understand that Baton Rouge Spay/Neuter has the right to refuse service to any animal for whom surgery is deemed a health risk.

I understand that Baton Rouge Spay/Neuter will only perform a brief physical examination and I waive my right to have a complete physical exam performed at a full service veterinary clinic prior to surgery.

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, Feline Leukemia, Heartworm Disease, and heart disease.

I understand that if my animal is pregnant then the pregnancy will be terminated during surgery.

I hereby release Baton Rouge Spay/Neuter and all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure AND I will not claim any right of compensation. Owner/agent hereby agrees to indemnify and hold Baton Rouge Spay/Neuter harmless for any damages caused during the transportation of the animal, or for damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Signature \_\_\_\_\_

Date \_\_\_\_\_