



**PASADO'S SAFE HAVEN SPAY/NEUTER CLINIC
CONSENT/WAIVER/HOLD HARMLESS FORM**

PO Box 171 Sultan, WA 98294

(360) 793-9393

ORIGINAL MEDICAL RECORD

Client Last Name _____ First _____

Address _____ City _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email: _____

Animal's Name _____ Dog Cat Female Male

Breed _____ Age _____ Color _____

Animal is: Tame Untouchable Feral (ferals will be ear-tipped) In Heat Pregnant

How did you hear about us? (Facebook)(Our Website) (Pet Food Bank) (Flyer) (Other: _____)

Has this animal been treated with a topical flea control treatment application in the last 30 days? Yes No

Has this animal had prior surgery or physical trauma? Yes No

If yes, when did this occur? _____

Has this animal had anything to eat since 10PM last night? Yes No _____(initial)

May we take and use photographs of your pet to advertise/promote our program? Yes No _____(initial)

Blood work is strongly suggested for animals 5+ years old and required for all animals over 8 years of age.

(Blood work MUST be within 2 weeks of surgery)

CONSENT FOR SURGICAL STERILIZATION SURGERY

- I, being of legal age and responsible for the animal described above, have the authority to grant Pasado's Safe Haven, and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.
- I understand that modern techniques and trained staff will be used to care for all animals, and other reasonable precautions will be used against injury or escape of the animal. It is thoroughly understood that Pasado's, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all of the risks.
- I understand there is a greater risk of complications if my pet has any underlying illness or condition and should be healthy at time of surgery.
- I understand that it is an industry standard to place a small tattoo close to the incision or on the belly of the animal being spayed/neutered and that my animal will receive one during surgery.

OTHER SERVICES

- If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, at his/her absolute discretion, perform such procedure. I consent to these procedures.
- I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
- I also understand that all animals must be picked up from the assigned location 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 disposition of the animal will be at the discretion of Pasado's Safe Haven's staff. 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.

Read ALL below and sign:

There is a greater risk of complications for in-heat, pregnant or overweight animal during surgery.

There is a greater risk of complications with animals over 5 years of age.

Blood work, no more than two weeks old, must be done on any animal over 8 years old.

I agree to hold harmless and indemnify Pasado's Safe Haven, its' agents, officers, employees, and/or volunteers from any losses, injuries, negligence, and damages to myself and/or to the animal(s) arising out of, or in any way connected to, the services requested herein. This includes, but is not limited to, trapping, transport, treatment, sedation, viral testing, vaccinations, surgery, recovery and discharge of the animal(s). Both parties waive access to court and agree to mandatory arbitration subject to the American Arbitration Association

I am of low income status as defined by RCW 43.185A.010, am on public assistance, or this cat is homeless.

Signature _____ Date _____

CLINIC USE (DO NOT WRITE ON THIS PAGE)

KENNEL #

Dog cost/subsidized

Spay **\$105/\$45**

Neuter **\$95/\$45**

Flea Treatment **\$5**

Dog Deworming **\$10***

Microchip **\$10**

Take home Flea Treatment **\$10***

e-Collar **\$5* (required for dogs)**

Dog Pain Control **\$5* (required for dogs)**

**All prices include tax.*

Dog Vaccinations:

Rabies **\$10**

DA2PPv (Distemper, Adenovirus, Parainfluenza, Parvovirus) **\$10**

Bordetella **\$15**

Total \$ _____ Donation\$ _____ Owes @ pick up _____ PA Verified _____

Anesthetics:

Ketamine _____ ml Diazepam _____ ml Butorphanol _____ ml Hydromorphone _____ ml

Buprenorphine .3 _____ ml Buprenorphine .5 _____ ml Pentobarbitol _____ ml

Dexdorm _____ ml Propoflo _____ ml Tramadol _____ tablets

Isoflurane: Yes No Mask ET Tube

Surgery:

Spay: Normal In-Heat Pregnant # fetuses: _____ Post-Partum

Neuter: Normal Cryptorchid (Left/Right/Bilateral)(Inguinal/Abdomen)

Ears Cleaned Nails Trimmed

Umbilical Hernia: _____

Suture Lot#: _____ Exp: _____ Ligatures: 0-0 2-0 3-0 4-0

Rimadyl _____ ml Lot#: _____ Exp: _____ Antisedan: _____ Metacam: _____

Weight _____ lbs

If Complications then Comments/Notes:

Appt. Animal's Name _____ Dog Cat Female Male