



DATE OF SURGERY
CHECK IN TIME
STAFF INITIALS

## Canine Outpatient Surgery Form

Your first name <input style="width: 90%;" type="text"/>	Your last name <input style="width: 90%;" type="text"/>	Your pet's name <input style="width: 90%;" type="text"/>	Pet's Age on Appt Date <input style="width: 90%;" type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pet's breed <input style="width: 90%;" type="text"/>	Pet's color <input style="width: 90%;" type="text"/>	
Street Address <input style="width: 90%;" type="text"/>	City <input style="width: 90%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>
Phone Number (where we can reach you day of appt) <input style="width: 90%;" type="text"/>	Alternate Phone Number <input style="width: 90%;" type="text"/>	Email Address <input style="width: 90%;" type="text"/>	

**It is important for you to understand that the risk of injury or death, although unlikely, is present for 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 the Cascades Humane Society, through whomever veterinarians they may designate, to perform an operation for sexual sterilization, give a tattoo to indicate such, and trim the nails of the animal named on the above portion of this form.

**INITIAL BELOW**

- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. Cascades Humane Society cannot provide or pay for any aftercare in the event of complications.
- I understand that, as a low-cost clinic, Cascades Humane Society does not routinely intubate cats, place IV catheters, supply IV fluids, perform pre-operative bloodwork, or use ECG monitoring.
- I certify that my animal is in good health and has had no food since 12:00 midnight.
- I understand that Cascades Humane Society has the right to refuse service to any animal to for any reason and that my animal may be exposed to other animals with unknown health histories with the potential for infectious disease transmission.
- I understand some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, obesity, age and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, heart conditions, and heartworms, and that if my animal is pregnant, the pregnancy will be terminated at surgery.

In the past week has your animal displayed any of the following (circle all that apply): Diarrhea    Sneezing    Coughing    Change in Activity Level

There is a \$10 fee for appointments missed, canceled, or rescheduled with less than 24hrs notice. Owners of pets left 20 minutes or more after the agreed pick up time shall be charged a fee of \$35 and receive a new pick up time from staff. **Owners are fully responsible for the ongoing care of their animal after it is discharged from the care of Cascades Humane Society.**

I hereby release the Cascades Humane Society, 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 them, or any of them, or 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 Cascades Humane Society harmless 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.

**Additional Services Requested**

- |   |  |
|---|--|
| <input type="checkbox"/> Elizabethan Cone <i>* recommended</i> \$10   | <input type="checkbox"/> Microchip & Lifetime registration            \$25 |
| <input type="checkbox"/> Rabies Vaccine (1-yr)            \$25*       | <input type="checkbox"/> DA2PP (distemper combo) Vaccine            \$25   |
| <input type="checkbox"/> Bordetella Vaccine            \$25           | <input type="checkbox"/> Heartworm Test            \$35                    |
| <input type="checkbox"/> Dental cleaning, no surgery            \$150 | <input type="checkbox"/> Dental cleaning with surgery            \$90      |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I would like to donate to help keep surgeries affordable and save lives in my community \$\_\_\_\_\_



## Patient History and Pre-Surgical Exam

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How did you obtain this animal? \_\_\_\_\_ How long have you had this animal? \_\_\_\_\_

Has your pet ever been seen by a veterinarian? \_\_\_\_\_ Name of Vet? \_\_\_\_\_

Date of last exam? \_\_\_\_\_ Reason for exam? \_\_\_\_\_

Has this animal ever had vaccinations? \_\_\_\_\_

Did your pet have any problems from vaccines? \_\_\_\_\_

Has your pet had any testing/bloodwork including heartworm testing? \_\_\_\_\_

When and where was the bloodwork done? Were there any abnormalities? \_\_\_\_\_

Does your pet have any known health problems? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_ Parasite prevention (includes heartworm/flea/tick)? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Has this animal ever had any seizures? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### STAFF USE ONLY:

Surgical Procedure: \_\_\_\_\_

### Surgical Order

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ lb

Drugs/Medications:

Premed IM	Acepromazine (10mg/mL)	mL
	Butorphanol (10mg/mL)	mL
Induction IV	Propofol (10mg/mL)	mL

Doctor's Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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