

Animal ID # _____
<input type="checkbox"/> Cash/Check _____
<input type="checkbox"/> Credit Card _____

Date of Surgery

**ADMISSION FORM**

Owner's First Name  Owner's Last Name  Emergency Phone (in case of complications)  Cell Phone

Owner's Street Address  City  State  Zip Code

Animal's Name   Dog  Cat  Spay  Neuter  Dental  Dewclaw  Retained Baby Teeth

Animal's Age (Mnths)  Animal's Age (Yrs)   Male  Female  Animal's Breed  Animal's Color(s)

Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)?  Yes  No If yes, please describe: \_\_\_\_\_

The Humane Society of Delaware County (HSDC) uses qualified staff 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. **Please be advised that there are additional important terms, conditions, and information regarding your animal attached hereto. Please carefully read, and ensure you understand, all of the information of this agreement and the other agreements attached hereto before signing your name:**

- I understand that HSDC may request additional payment to offset additional surgery and/or clinical costs.
- I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request and authorize HSDC, including its affiliates and each of their employees, volunteers, veterinarians and/or other agents (collectively, "HSDC Parties"), to receive, transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization and/or dental procedure of the Animal.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal and I [client must choose one of the following options]:
  - certify that the Animal has been vaccinated within one (1) year prior to this date; or
  - waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or
  - request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- 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 understand, in particular, that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that HSDC and/or any HSDC Party has the right to refuse any service and/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at HSDC unless requested.  CHECK HERE TO REQUEST BLOODWORK.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post surgery monitoring and care for the Animal, including but not limited to, the care described in the *Post-Operative Instructions*. If I suspect the Animal has any post operative complications, I agree to follow the *Post-Operative Instructions* that have been provided to me.
- I understand and agree that HSDC (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I agree to indemnify and hold harmless the Humane Society of Delaware County, the attending veterinarian, and any of the officers, employees or agents of said corporate entity from any and all liability arising out of the performance of all procedures referred above. Eligible refund restrictions apply.
- I agree to pick up my animal at the time specified between 5:00PM and 5:30PM on the date of the surgery. I understand I will be liable for boarding fees of \$10.00 per night. If after 3 days, your animal has not been picked up, it will be considered abandoned; dogs and cats will be placed into the HSDC system after 3 days.

**YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HER UNDERSIDE TO SHOW THAT SHE HAS BEEN STERILIZED.**

Requested Feline Vaccines & Services	Requested Canine Vaccines & Services	Other Services
<input type="checkbox"/> Feline Distemper Vaccine	<input type="checkbox"/> Canine Distemper/Parvo Vaccine	<input type="checkbox"/> Ear Clean
<input type="checkbox"/> Rabies Vaccine (3-year) (w/proof of 1 yr)	<input type="checkbox"/> Rabies Vaccine (3-Year) (w/proof of 1 yr)	<input type="checkbox"/> Flea / Tick
<input type="checkbox"/> Feline Leukemia Vaccine	<input type="checkbox"/> Kennel Cough Vaccine	<input type="checkbox"/> Otomite
<input type="checkbox"/> Ear Tip	<input type="checkbox"/> Rabies Vaccine (1-year)	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Rabies Vaccine (1-year)	<input type="checkbox"/> Lepto Vaccine	<input type="checkbox"/> Strongid
<input type="checkbox"/> Hernia Repair		<input type="checkbox"/> Microchip
<input type="checkbox"/> FeLV/FIV Test		<input type="checkbox"/> Praziquantel
		<input type="checkbox"/> e-collar

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_