



# The Animal Care League Low Cost Spay/Neuter Clinic

CONSENT AND RELEASE FOR VETERINARY SERVICES

Primary Owner Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIPCODE

Home Phone: \_\_\_\_\_ Primary Phone Number for Today: \_\_\_\_\_

Email Address: \_\_\_\_\_ Repeat Client?: YES / NO

Pet's Name: \_\_\_\_\_ Species: Canine / Feline Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male / Female

- If female: Date of last heat cycle. \_\_\_\_\_ -If male: Does your pet have 2 descended testicles? YES/NO

- To your knowledge does your pet have an umbilical hernia? YES/NO

- Does your pet have a history of any known medical problems allergic reactions to any medication or to vaccines? YES / NO

- Has your pet shown any recent signs of sneezing, coughing, vomiting, diarrhea, not eating, or not drinking? YES / NO

- Has your pet ever received a vaccine before? YES / NO - Has your pet ever had a vaccine reaction before? YES/NO

- Was your pet fasted? YES / NO -What time/day was food removed? \_\_\_\_\_

- Is your pet currently on any medications? If so list medications below. YES / NO

- To the best of your knowledge has this animal bitten any person or animal within the last 10 days? YES/NO

I am the owner, or agent for the owner, of the animal referenced above. As such, I have the authority to provide consent. Therefore, I hereby authorize the following treatment and procedures. Nail trims and minor ear cleanings are complementary.

\_\_\_\_\_ Surgical Sterilization: (Spay or Neuter) ..... \$ \_\_\_\_\_

\_\_\_\_\_ Distemper Vaccine: (DA2PP: Canine or FVRCP: Feline) ..... \$ \_\_\_\_\_

\_\_\_\_\_ Bordetella: (Canine Only) ..... \$ \_\_\_\_\_

\_\_\_\_\_ Rabies Vaccine (1 year vaccine, includes Cook County tag) (4 months and older only).....\$ \_\_\_\_\_

\_\_\_\_\_ Microchip ..... \$ \_\_\_\_\_

\_\_\_\_\_ FeLV/FIV Combo Test: (Feline Only) ..... \$ \_\_\_\_\_

\_\_\_\_\_ Heartworm Test: (Canine 6 months and older only) ..... \$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_

### OFFICE USE ONLY

Proof of Rabies Vx

Proof of Distemper Vx

Payment:  Cash

Check # \_\_\_\_\_

Credit Card: VISA MASTERCARD DISCOVER

## WAIVER

Kittens and puppies must be 8 weeks or older and 2lbs or over to qualify for the Animal Care League Spay/Neuter Public Clinic. All pets will have a brief exam prior to surgery. Any further requests must be seen by your primary veterinarian. Certain breeds of cats and dogs may have extra requirements prior to surgery per the veterinarian to ensure the safety of your pet while under anesthesia. Any female cat or dog in heat will be highly recommended to wait until one month after the cycle has ended. Any male dog/cat that is cryptorchid will be charged an extra fee for the procedure. The veterinarian has the right to decline any pet for spay/neuter if there is a concern for the animals health. All animals must be up to date with their Distemper vaccine and Rabies vaccine (if old enough). If your pet is not up to date on either of these two vaccines, we will vaccinate them at the time of surgery for a charge. If you are having your pet microchipped, we register the microchip for you, initially. It is your own responsibility to contact 24PetWatch directly if any changes occur to your contact information. Unless otherwise notified by the ACL staff, all animals must be picked up during the pre-appointed pick up time, same day of surgery. A fee will be charged if a pet is left at the Animal Care League later than scheduled pick up time the day of the surgery, this includes an overnight charge. In order to more clearly show that your pet has been spayed/neutered, a small green tattoo will be placed on your pet's abdomen. This symbolizes that animal has been fixed.

## WAIVER

Although rare, I understand that complications may arise with any anesthesia, surgery, or vaccination, including anaphylaxis and death. I agree to the abortion of any fetus(s) while undergoing surgery. I am aware of the risk of infection that may occur if my female dog/cat has any stage of a pyometra. I allow ACL and the veterinarian to perform surgery on my male dog/cat if he is cryptorchid, I understand there may be two different incisions. In consideration of the care given to the above animal, I agree to release waive and forever discharge the Animal Care League, its directors, employees, volunteers, agents, insurers and medical providers from any and all claims, causes of actions, damages or loss that may result from the medical treatment/care provided, included but not limited to any injury, illness, disfigurement or even death that may occur to the above animal as a result of the above medical treatment/care rendered or the use of anesthesia during such treatment. I agree to pay the late fee if I fail to pick my pet up by its scheduled pick up time. All fees must be paid prior to animals being returned to their owners. If all fees are not paid within 2 days after an animal is ready to be released, the animal will be deemed abandoned and will be impounded by the Animal Care League, in accordance to Illinois state law.

To the best of my knowledge, any and all information regarding my pets medical history which was previously listed is accurate.

\*\*To the best of my knowledge, this animal has not bitten anyone in the last 10 days.

By signing this I confirm that I have watched the discharge video regarding my pet's surgery and follow up care. I also understand that **ANY** follow up care post-surgery; including re-checks, incision care, and vet care for any and all complications must be done through my **regular veterinarian**.

I \_\_\_\_\_ have read this contract and agree to abide by it.  
**Print Name**

\_\_\_\_\_  
**Signature of Owner/Agent**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**