



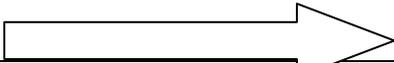
www.hssv.org

Spay/Neuter Surgery Check-in Form

Owner information:

Name (First and Last)	
Street Address	
City, State, Zip	
Home Phone/Cell Phone	
<i>Co-owner Name (First and Last)</i>	
<i>Co-owner Home Phone/Cell Phone</i>	
<u>Best number in case of emergency</u>	
Email	

Pet information:

	<u>Name :</u>		
Type of pet (circle)	Dog	Cat	Rabbit
Gender (circle one)	Male	Female	
Age - birth date/Color			
Primary Breed/Mix			
Wearing leash?	Yes / No (circle one)	Color:	
Wearing collar?	Yes / No (circle one)	Color:	
Wearing harness?	Yes / No (circle one)	Color:	
If your pet has had a recent illness please provide details including prescription medications your pet is currently receiving			
Please list any over-the-counter medications your pet is taking			
When did your pet last eat?			
For HSSV fosters, please enter A#			
Staff use only:	Driver's license verified?	Yes/No/Not available (circle one)	

Please remove any clothing worn by your pet as this may get soiled. Thanks!

******* Please fill out the back of this form *******



SURGICAL PROCEDURE CONSENT/WAIVER

Please initial as appropriate below to indicate your understanding of the following:

- Initials** _____ The staff at Humane Society Silicon Valley has explained to me the increased risks of surgery for dogs and cats under the age of 4 months and over the age of 7 years. I understand that the recommendation is for dogs over the age of 7 years old are taken to a full service veterinarian where they can have a full senior animal work up prior to surgery.
- Initials** _____ I decline to protect my animal by having him/her vaccinated prior to surgery (it can take up to 3 days after administration for vaccines to protect my animal). 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.
- Initials** _____ I understand that Humane Society Silicon Valley has the right to refuse service to any animal for which surgery is deemed a health risk.
- Initials** _____ I understand that it is the Humane Society Silicon Valley's recommendation that my private veterinarian perform a complete physical exam prior to surgery and that Humane Society Silicon Valley will only perform a brief physical examination.
- Initials** _____ I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, being in heat and age.
- Initials** _____ I understand that Humane Society Silicon Valley does not perform pre-surgery lab work* and does not routinely use IV catheter placement** during surgery.
- Initials** _____ In the event that this animal has problems at home which may be related to surgery, I will attempt to contact the Humane Society Silicon Valley's Medical Center. If the center is closed I will get veterinary attention in a timely manner and I acknowledge that this care will be at my own expense.
- Initials** _____ I understand that if I fail to pick up my animal as directed that I may be responsible for boarding fees. If I fail to reclaim the animal within fourteen (14) days of receiving written notice to do so, I waive my claim to said animal. Furthermore, I authorize the Humane Society Silicon Valley, at its sole discretion to dispose of the animal appropriately. I understand that failure to reclaim the animal does not relieve me of the obligation to pay the costs of services rendered.

As the guardian/owner or agent for the said animal, I authorize the Humane Society Silicon Valley's Medical Center to prescribe medication, treat or perform surgery on this animal as needed.

Your Name **BE IT KNOWN, that** _____, **an individual, (hereinafter referred to as "Releasor"), for and in consideration of the performance of the medical procedures requested by releasor, and other valuable consideration received from or on behalf of Humane Society Silicon Valley, its officers, directors, employees and consultants (hereinafter referred to as "Releasee"), does hereby remise, release, acquit, satisfy, and forever discharge the said Releasee, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, controversies, agreements, promises, claims and demands whatsoever, which said Releasors ever had, now has, or which any personal representative, successor, heir or assign of said Releasor, hereafter can, shall or may have, against said Releasee, by reason of any matter, cause or thing whatsoever, from the beginning of time to the date of this instrument.**

All parties acknowledge they are aware of, understand, and expressly waive the application of California Civil Code Section 1542, as it applies to claims released by each party. Section 1542 states, "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

IN WITNESS WHEREOF, the said Releasors has hereunto set hand and seal this _____ day of _____, 20_____

DATE

Signature ➤ _____, **an individual**
 (Guardian/Owner/Agent signature) Staff Initials _____

* A brief physical exam will be performed prior to anesthetizing your pet. However, not all conditions (such as liver, kidney, metabolic, and blood disorders) can be identified with physical exam alone.

**Intravenous catheter placement allows for IV fluid administration during and after surgery to maintain optimal blood pressure. It also allows for the immediate administration of IV emergency drugs should an anesthetic complication arise requiring their administration