

For Office Use Only

Total Amt Due: \_\_\_\_\_

CSH  M/V  CHK \_\_\_\_\_

ACS \_\_\_\_\_ CNO \_\_\_\_\_ BF \_\_\_\_\_

MF \_\_\_\_\_ DON \_\_\_\_\_

**Animal Resource Foundation (ARF)  
Spay/Neuter Clinic  
Admission Form**

Animal ID No \_\_\_\_\_

**Owner/Agent Information:** (Please fill out front and back)

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Animal Information:**

Animal #1: Name: \_\_\_\_\_ Species: Cat Dog Sex: M (Neuter) F (Spay)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Animal #2: Name: \_\_\_\_\_ Species: Cat Dog Sex: M (Neuter) F (Spay)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Animal #3 Name: \_\_\_\_\_ Species: Cat Dog Sex: M (Neuter) F (Spay)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

**Pet(s) History** – Please answer to the best of your knowledge.

Yes No Have you noticed any vomiting, coughing or diarrhea? \_\_\_\_\_

Yes No Has your pet(s) ever had a seizure? \_\_\_\_\_

Yes No Has your pet(s) been treated elsewhere for any illness or injury in the past 14 days?

If yes, please explain: \_\_\_\_\_

Yes No To your knowledge, is your pet(s) allergic to any drugs?

If yes, please explain: \_\_\_\_\_

Yes No Is your pet(s) currently on any medication? Please exclude heartworm and flea prevention.

If yes, please list: \_\_\_\_\_

If yes, did he or she have this medication this morning (the day of surgery)? \_\_\_\_\_

What time was the medication given? \_\_\_\_\_

Yes No Did your pet(s) eat this morning (the day of surgery)? If yes, what time? \_\_\_\_\_

**Note: For their safety, animals over 4 months old must not be given food after midnight the evening before surgery.**

**Pregnancy** – If in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed. I understand that the pregnancy will be terminated at the time of surgery.

**Pain Relief** - As an added service to your pet, we will provide pain relief medication via an injection that will cover your pet through the post-op evening and 4 days of oral pain medication at **no additional charge**.

**Umbilical Hernia Repair**- I understand that if my pet has an open umbilical hernia, it will be repaired at the time of surgery for an additional charge of \$15.

**Undescended Testicles**- We do not perform surgery on bilateral cryptorchid (no descended testicles) males.

**Tattoo** – All animals will receive a small green tattoo placed near the incision.

**I want to help the ARF Spay/Neuter Clinic end companion animal overpopulation.**

Here is a donation of: \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 \_\_\_\_\_ \$10 \_\_\_\_\_ \$5 \_\_\_\_\_ Other

**\*\*SEE BACK FOR ADDITIONAL INFORMATION\*\***

**Vaccinations/Services Requested:** Please check the ones you would like for your pet(s) today while here for surgery.

**Services and vaccines are available at time of surgery only.**

- Nail Trim \$8       Ear Cleaning \$5       Microchip \$25       Tapeworm injection
- Frontline Plus (6mo) \$70       "No Chew" Spray \$10       Flea Treatment \$10

**DOGS**

- Rabies     1 year     3 year      \$10
- DHPP (Distemper/Parvo)      \$10
- Heartworm Test      \$20
- Heartworm Prevention (6 mo)    \$25-\$35

**CATS**

- Rabies     1 year     3 year      \$10
- FVRCP (Feline Distemper)      \$10
- Ear Mite Treatment/Cleaning    \$10
- Feline Leukemia/FIV test      \$25

\*\*\*Must have negative heartworm test or be under 6 months old\*\*\*

\*\*\*Cat owners please initial if declining test \_\_\_\_\_\*\*\*

**ARF uses qualified staffing 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. Carefully read and understand the following:**

I, acting as owner/agent of the pet(s) named above, hereby request and authorize ARF Spay/Neuter Clinic, through any veterinarian they designate, to perform an operation for sexual sterilization and administer any vaccines or services requested.

- 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.
- I certify that my animals has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand it takes up to two weeks for vaccinations 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.
- I understand that ARF may not perform a complete physical exam before surgery. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery.
- I certify that my animal is in good health and has had no food since midnight the evening prior to surgery. I understand that ARF has the right to refuse service to any animal to whom surgery is deemed a risk.
- I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.
- I further understand that if, in the course of treatment, a condition is discovered which requires immediate medical attention or an additional procedure, the attending veterinarian may, in his or her absolute discretion, perform such a procedure. I consent to these procedures and agree to pay any additional charges, if any.
- I understand that payment in full is required at the time of discharge. **We accept Cash and MC/VISA only. NO CHECKS.**

I understand that if I do not retrieve my pet at the agreed upon time that ARF will exercise its right to dispose of the animal as deemed just and proper as allowed by the State of Virginia. Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$20 per night.

I hereby release ARF Spay/Neuter Clinic, all veterinarians, employees, volunteers, and officers 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 ARF Spay/Neuter Clinic 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 or natural disasters.

I have read all above information and understand it clearly. I also understand that vaccinations and anesthetic drugs can cause adverse reactions in some animals. I hereby release ARF's Spay/Neuter Clinic, the veterinarians, employees, volunteers and officers from any and all claims arising out of or connected with administering vaccines or surgical complications.

A \$10 Rabies vaccination will be given to all animals over 3 months of age that do not have proof of current rabies vaccination.

Staff \_\_\_\_\_.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to the Public**

I understand the hours of operation of ARF's Spay/Neuter Clinic are 8:00am - 4:00pm Monday – Wednesday. Continuous medical care is available during these hours only. No staff members are present when the clinic is closed.

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

\_\_\_\_\_  
Date