



# CANINE ADMISSION FORM

SPCASC SPAY / NEUTER CLINIC 2200 Peabody Rd. Vacaville, CA 95688 (707) 448-8750

Date: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Patient: \_\_\_\_\_  
Breed(s): \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_  
Color(s): \_\_\_\_\_

### Services Requested

SPAY (FEMALE) under 60 pounds	\$115.00	NEUTER (MALE) under 60 pounds	\$ 95.00
SPAY (FEMALE) 60 – 89 pounds	\$150.00	NEUTER (MALE) 60 – 89 pounds	\$135.00
SPAY (FEMALE) 90 – 110 pounds	\$200.00	NEUTER (MALE) 90 – 110 pounds	\$175.00
SPAY (FEMALE) 111+ pounds	\$250.00	NEUTER (MALE) 111+ pounds	\$200.00
NAIL TRIM	\$ 5.00	RABIES VACCINE	\$ 10.00
HEARTWORM BLOOD TEST	\$ 20.00	DHPP VACCINE	\$ 10.00
MICROCHIP ADMINISTRATION/REGISTRATION	\$ 30.00	BORDETELLA VACCINE	\$ 10.00

SPCASC 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, just as it is for humans who undergo surgery. Carefully read, and ensure you understand, the following before signing your name.

- I, acting as owner or agent of the pet named above, hereby request and authorize SPCASC, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named above
- **I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.**
- I either certify that my animal 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 that it takes up to two weeks for vaccinations to protect my animal.
- I understand the inherent risks of failing to maintain current vaccination and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that if my pet develops kennel cough after surgery, I am responsible for treatment at my own cost.
- I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.
- I understand that the SPCASC has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that SPCASC may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work unless requested by myself, the acting owner or agent of the pet named above, and waive my right to have this service performed prior to surgery at a full service veterinary facility.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and disease such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), and heartworms.
- I understand that if my animal is pregnant, the pregnancy will be terminated at the time of surgery.
- I understand that if I do not retrieve my pet at the agreed-upon time, SPCASC will exercise its right to either turn the animal over to the nearest Humane Society, or dispose of the animal as deemed just and proper, and as allowed by the State of California. Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$15 per night.
- I hereby release the SPCASC, 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 SPCASC 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.
- **OWNER'S BIRTHDATE MM/DD /YYYY: \_\_\_\_\_**

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

- I HAVE READ & UNDERSTAND THE CONDITIONS LISTED ABOVE
- I HAVE PROOF OF CURRENT RABIES VACCINATION
- I BELIEVE MY PET IS HEALTHY TODAY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

TOTAL \$ \_\_\_\_\_ METHOD OF PAYMENT \_\_\_\_\_ INITIALS \_\_\_\_\_