



506 29th Street Parkersburg, WV 26101
Phone: 304-917-4275
Fax: 304-917-4279

Payment Received

Payment Type:

Staff Use Only

Date of Surgery

Owner Name (First, Last)

Owner Street Address

Phone Number

City, State, Zip code

Alternate Phone Number

Cat	Dog	Male	Female
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pet's Age or DOB

Pet's Name

Breed (Cats: Short, Med, Long hair)

Pet's Coloring

How long have you had pet?

- Has your pet had anything to eat since midnight? Yes No
- Has your pet had any injections, other than vaccines, in the past 30 days? Yes No
- Is your pet on any medication? Yes No
- Is there a chance your female is pregnant? Yes No N/A
- Is there a chance your female is in heat today? Yes No N/A
- Does your pet have any health conditions, concerns, or allergies we need to know about? _____

The SPOT Clinic uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the **risk of death or injury**, 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:**

I, acting as owner or agent of the pet named above, hereby request and authorize the SPOT Clinic, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

- 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, and I understand that the SPOT Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.
- 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 (FeLV), and heartworms, and that any pregnancy is terminated at surgery time.
- I understand that if I do not retrieve my pet at the agreed-upon time, The SPOT Clinic 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 West Virginia under Title 26, Series 4 Section 6 of the WV State Board of Veterinary Medicine regulations and Chapter 19, Article 20 of the WV State Code. 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 SPOT Clinic, The Humane Society of Parkersburg, Inc., 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 The SPOT 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, natural disasters, or acts of God.
- I understand that I may be responsible for additional charges if I am late to drop off or pick up my pet or if staff has to clean my pet's soiled carrier.
- I understand that I may be responsible for additional charges if my pet needs IV Fluids, Antibiotics, Additional Pain Medication, Flea Treatment, and/or an E-Collar. I also understand that my pet is receiving a spay/neuter tattoo.
- I understand that if my animal has an open umbilical hernia or is cryptorchid, I will be responsible for an additional \$15 charge per procedure.
- I HAVE READ AND UNDERSTOOD THE CONDITIONS LISTED ABOVE AND AGREE TO PROCEED WITH SURGERY.

SIGNATURE: _____

DATE: _____

Requested Cat Vaccines & Services

- | | |
|---|--|
| <input type="checkbox"/> Rabies 1-Year | <input type="checkbox"/> I HAVE PROOF |
| <input type="checkbox"/> Feline Distemper (FVRCP) | OF CURRENT RABIES |
| <input type="checkbox"/> Feline Leukemia | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Profender (Dewormer) | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Leukemia/FIV Testing | <input type="checkbox"/> Flea Medication |
| <input type="checkbox"/> Microchip | <input type="checkbox"/> Cat Carrier |
| <input type="checkbox"/> Presurgical Bloodwork* | <input type="checkbox"/> Ear Tip |

Requested DOG Vaccines & Services

- | | |
|--|---|
| <input type="checkbox"/> Rabies 1-Year | <input type="checkbox"/> I HAVE PROOF OF |
| <input type="checkbox"/> Distemper/Parvo (DHLPP) | CURRENT RABIES |
| <input type="checkbox"/> Kennel Cough VX | _____ |
| <input type="checkbox"/> Drontal Plus (Dewormer) | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Presurgical Bloodwork* |
| <input type="checkbox"/> Microchip | <input type="checkbox"/> Take home Pain Meds |
| <input type="checkbox"/> Flea Treatment | |