



HUMANE SOCIETY
OF THE SOUTH PLATTE VALLEY
2129 W CHENANGO AVE, LITTLETON, CO 80120
303.703.2938 – info@hsspv.org

SPAY/NEUTER SURGICAL RELEASE

OWNER INFORMATION

DATE: / /

ANIMAL INFORMATION

Dog Cat

Name:
Email Address:
Phone Number: *Must be able to reach you <u>TODAY</u> if necessary*
Street Address:
City and Zip Code:

Pet's Name:
D.O.B. or Approx Age: Male <input type="checkbox"/> Female <input type="checkbox"/>
Pet Color/Description:
Breed:
I have proof of current Rabies Vaccination Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your pet had a litter? Yes <input type="checkbox"/> Not to my knowledge <input type="checkbox"/>

The Humane Society of The South Platte Valley veterinary services uses qualified veterinary 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 each of the following statements and sign below to demonstrate you understand the terms of this procedure.

I, acting as owner or agent of the pet named above, hereby request and authorize the Humane Society of the South Platte Valley veterinary services, 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 presents some hazards and that injury 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 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 it takes up to two weeks for vaccination to protect my animal.
I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected to diseases contracted while at the shelter.
I certify that my animal is in good health and has had NO FOOD since 12:00 midnight the evening prior to surgery. (For animals less than 4 months old, it is okay to offer a SMALL amount of food in the early morning before surgery.
I understand that the Humane Society of the South Platte Valley has the right to refuse service to any animal whom surgery is deemed a health risk or any animal that is too dangerous for us to safely handle.
I understand that the Humane Society of the South Platte Valley veterinary services may not perform a complete physical exam before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and I understand that the recommendation is to have this done at my regular veterinarian.
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, heartworm, heart murmurs, and brachycephalic breeds.
I understand that if my animal is pregnant, pregnancy will be terminated during surgery.
I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery for an additional charge of \$40.
I understand that if my animal is cryptorchid (one or both testicles did not descend), we will be making an additional incision to remove the testicle, resulting in additional charge of \$75 to \$100 depending on where the testicle is located.
I understand that my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.
I understand that if I don't retrieve my pet at the agreed upon time, the Humane Society of the South Platte Valley will exercise its right to take possession of my animal after the 7-day holding period. If I pick up my animal within the holding period, I understand that I will be charged a boarding fee of no less than \$12 per night.
I hereby release the Humane Society of the South Platte Valley and all veterinarians, technicians, assistants, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of this procedure and any adverse reactions from vaccinations or microchipping.
Owner/agent hereby agrees to indemnify and hold the Humane Society of the South Platte Valley harmless for any damages caused during the transportation of the animal, or any damages caused by unforeseen events including fire, vandalism, extreme weather, or natural disasters.
All post-surgical instructions must be followed as instructed. If additional care (i.e. antibiotics or incision repair) or medications are necessary post-operatively, the owner is responsible for the cost of care or medication.

ADDITIONAL SERVICES REQUESTED - FELINE

<input type="checkbox"/> FeLV/FIV test (\$35)
<input type="checkbox"/> Rabies Vaccine (\$25)
<input type="checkbox"/> Feline Distemper Vaccine (\$25)
<input type="checkbox"/> Microchip (\$35)

ADDITIONAL SERVICES REQUESTED - CANINE

<input type="checkbox"/> Deciduous Teeth Removal (\$20 per tooth) <input type="checkbox"/> Hernia Repair (\$40)
<input type="checkbox"/> Rear Dewclaw Removal (\$40 each) <input type="checkbox"/> Rabies Vaccine (\$25)
<input type="checkbox"/> Canine Distemper Vaccine (\$25) <input type="checkbox"/> Kennel Cough/Bordetella Vaccine (\$25)
<input type="checkbox"/> Microchip (\$35)

OWNER SIGNATURE

DATE