CHS
Cascades Humane Society

DATE OF SURGERY
CHECK IN TIME
STAFF INITIALS

Canine Outpatient Surgery Form

Your first name	Your last name	Your pet's name	Pet's Age

Sex	Pet's breed	Pet's color	Estimated weight
☐ Male ☐ Female			

Street Address	City	State	Zip Code

Phone Number (where we can reach you day of appt)	Alternate Phone Number	Email Address
	- -	

It is important for you to understand that the risk of injury or death, although unlikely, is present for surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize the Cascades Humane Society, through whomever veterinarians they may designate, to perform an operation for sexual sterilization, give a tattoo to indicate such, and trim the nails of the animal named on the above portion of this form.

INITIAL BELOW

____ 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. Cascades Humane Society cannot provide or pay for any aftercare in the event of complications.

____ I understand that, as a low-cost clinic, Cascades Humane Society does not routinely intubate cats, place IV catheters, supply IV fluids, perform pre-operative bloodwork or use ECG monitoring.

____ I certify that my animal is in good health and will have not eaten since 12:00 midnight the morning of my appointment.

____ I understand that Cascades Humane Society has the right to refuse service to any animal to for any reason and that my animal may be exposed to other animals with unknown health histories with the potential for infectious disease transmission.

____ I understand some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, obesity, age and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, heart conditions, and heartworms, and that if my animal is pregnant, the pregnancy will be terminated at surgery.

____ There is a $15 fee for appointments missed, canceled, or rescheduled with less than 24hrs notice. Owners of pets left 20 minutes or more after 1pm shall be charged a $35 fee and receive a new pick-up date and time at the discretion of Cascades medical staff. Appointments missed or rescheduled have six (6) months to obtain a refund.

In the past week has your animal displayed any of the following (circle all that apply): Diarrhea Sneezing Coughing Change in Activity Level

Owners are fully responsible for the ongoing care of their animal after it is discharged from the care of Cascades Humane Society.

I hereby release the Cascades Humane Society, 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 Cascades Humane Society 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.

Additional Services Requested

☐	Elizabethan Cone	**recommended* $10	☐ Microchip & Lifetime registration	$25
☐	Rabies Vaccine (1-yr)	$25*	☐ DA2PP (distemper combo) Vaccine	$25
☐	Bordetella Vaccine	$25	☐ Heartworm and Tick Disease (4dx) Test	$35
☐	Dental cleaning, no spay/neuter	$200	☐ Dental cleaning with spay/neuter	$150

SIGNATURE DATE

☐ **I would like to donate to help keep surgeries affordable and save lives in my community $_____**

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Patient History and Pre-Surgical Exam

Date: _____Client Name: _____Patient Name: _____

How did you hear about us? _____

How did you obtain this animal? _____How long have you had this animal? _____

Has your pet ever been seen by a veterinarian? _____ Name of Vet? _____

Date of last exam? _____ Reason for that exam? _____

Has this animal ever had vaccinations? _____

Did your pet have any problems from vaccines? _____

Has your pet had any testing/bloodwork including heartworm testing? _____

When and where was the bloodwork done? Were there any abnormalities? _____

Does your pet have any known health problems? _____

Is your pet on any medications? _____Parasite prevention (includes heartworm/flea/tick)? _____

If so, please explain: _____

Has this animal ever had any seizures? _____If yes, please explain: _____

STAFF USE ONLY:
Surgical Procedure: _____

Date: _____ Weight: _____ lb

Drugs/Medications:

TTDex (Butorphanol 5 mg/mL Telazol 100 mg/mL Dexmedetomidine 250 mcg/mL)	mL	IV / IM

Doctor's Notes: _____

_____

_____

Vet Signature: _____Date:_____