



HOPE Animal ID #

Owner/Agent's LAST Name  Owner's FIRST Name  Pet's Name  Person dropping off (if applicable)

Cat  Dog     Male  Female    Breed  Color(s)  Age

Address  City  State  ZIP

Phone Number (where we can reach you TODAY)  Mobile Phone Number:  Email Address:

**CONSENT FOR SURGICAL STERILIZATION:**

I, acting as owner or agent of the pet named above, hereby request and authorize HOPE Spay/Neuter Clinic, through whomever veterinarians they may designate, to perform sexual sterilization surgery for the animal (patient) designated on this form.

I **certify** that my animal is in good health and has had no food since midnight the evening prior to surgery.

I **understand** that HOPE Spay/Neuter clinic uses qualified staffing as well as approved materials and techniques for all procedures performed. I further understand that that my animal will undergo a proven anesthetic protocol for surgical sterilization and that any anesthetic protocol poses an inherent risk. I understand that HOPE for Animals will use every possible precaution to prevent anesthetic complications from occurring, however some hazards such as injury or death are possible, and I assume all risks.

I **understand** that certain health factors may significantly increase surgical complications, including but not limited to:

- Current Pregnancy      -Recent Pregnancy      -Old Age      -Brachycephalic      -Obesity      -Emaciation
- Cryptorchidism      -Respiratory Issues      -Infections      -Heart Conditions/Murmurs      -Heat Cycle
- Parasitic Infestation      -Medications      -Vomiting      -Diarrhea      -Neurologic Conditions
- Diseases      -Lack of Current Vaccinations      -Lack of Medical History      -Etc.

I **understand** that the attending veterinarian will perform a limited pre-surgical exam when possible, however certain factors may necessitate the exam being performed after anesthesia has already been administered.

I **understand** if in the course of the exam or procedure a medical condition were to be discovered that requires medical attention, additional procedure(s), or prescription medication(s), that the attending veterinarian may either: render such services as they deem necessary at an additional cost; decline my pet at that time; and/or recommend further evaluation at a full-service veterinarian.

I **understand** if my animal is found to be pregnant at the time of surgery, that the surgical sterilization will continue, and the pregnancy will be terminated at an additional cost.

I **understand** that failure to maintain current vaccinations is a health risk to my pet and waive all claims arising from the lack thereof.

I **understand** that the HOPE for Animals staff reserve the right to decline any animal for surgical consideration who is deemed a health risk, as well as for non-payment or lack of paperwork.

I **understand** that if I don't return for my pet at the agreed upon pick up time, my animal will be considered abandoned pursuant to IC25-38. 1-4-8. and turned over to local authorities. At said time all ownership rights are relinquished, and I will be held responsible for any and all medical and boarding costs accumulated.

I **hereby release** HOPE for Animals staff and volunteers from any and all claims arising out of or in connection with any medical procedure or adverse vaccine reaction. I agree that I have not and will not claim any right of compensation from any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I agree to indemnify and hold HOPE for Animals harmless for any damages caused due to unforeseeable events including necessary transportation of the animal, fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

**Finally**, by signing this document, I understand that I am responsible for and agree to adhere to all Post-Operative Care instructions as directed by HOPE for Animals. I understand that HOPE for Animals is not responsible for care or treatment needed after surgery resulting from failure to abide by the Post-Operative Instructions and guidelines.

I **understand** that by signing below, my pet and I may be photographed for outreach and advertising purposes.

I would like to donate (circle one): \$5.00 \$10.00 \$20.00 Other: \$ \_\_\_\_\_

**REQUESTED SERVICES:**

- Rabies 1y/3y \$16/\$22     Canine Flu \$22     Nail Trim \$5     Trazadone \$10     Sputer Shirt
- DAPP + Lepto \$16     FVRCP \$16     Cat Box \$5     City Registration 1y/life
- DAPP \$16     Feline Leukemia \$18     Heartworm Test \$12     FeLV/FIV test \$22
- Bordetella \$16     Microchip \$20    Do or Don't do if +    Do or Don't do if +

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_

Animal Name



**H.O.P.E.**  
FOR ANIMALS  
SPAY/NEUTER & WELLNESS CLINIC

\_\_\_\_\_

HOPE ID #

**HOPE STAFF ONLY:**

**Treatment and Care**

\_\_\_\_\_ mL Acepromazine SQ    \_\_\_\_\_ mL Telazol IV IM    \_\_\_\_\_ mL Hydromorphone 2mg/mL SQ IM    \_\_\_\_\_ mL Meloxicam SQ  
 \_\_\_\_\_ mL Convenia SQ    \_\_\_\_\_ mL LRS/Saline IV SQ    \_\_\_\_\_ mL Morphine 50 mg/mL SQ IM    \_\_\_\_\_ ml Antisedan IV IM SQ  
 \_\_\_\_\_ mL MBK IM    \_\_\_\_\_ mL Buprenorphine 0.6 mg/mL IM TM    \_\_\_\_\_ mL Cefazolin 100mg/mL SQ  
 \_\_\_\_\_ mL Torbugesic 10mg/ml    \_\_\_\_\_ mL Atropine SQ IV IM    \_\_\_\_\_ mL Penicillin SQ    \_\_\_\_\_ masked down  
 \_\_\_\_\_ Maintained on Isoflurane    \_\_\_\_\_ Trazadone \_\_\_\_\_ mg BID x 7-10 days # \_\_\_\_\_ Cephalexin \_\_\_\_\_ mg BID x 10 Days  
 \_\_\_\_\_ Metacam \_\_\_\_\_ mL SID x 1 day / \_\_\_\_\_ tab x 1day Doxycycline \_\_\_\_\_ mL BID x 21 Days Clavamox \_\_\_\_\_ mL BID x 10 Days  
 \_\_\_\_\_ Splash Block - Epinephrine 0.1ml: Lidocaine 0.9ml Droncit \_\_\_\_\_ ml SQ    \_\_\_\_\_ Capstar Baytril \_\_\_\_\_ ml SIDx \_\_\_\_\_ days

S: BAR Abnormal	_____
O: Physical Exam = WNL Abnormal	_____
A: Surgical Candidate = Yes No	_____
P: Surgically Sterilize = Accept Decline	_____

**SPAY (Females)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Spay, ovariectomy                    | <input type="checkbox"/> Pyometra, uterus infection | <input type="checkbox"/> Already Spayed (contact clinic if signs of heat occur) |
| <input type="checkbox"/> In Heat; keep away from intact males | <input type="checkbox"/> Metritis                   | <input type="checkbox"/> Ligated Both Broad Ligaments                           |
| <input type="checkbox"/> Pregnant _____                       | <input type="checkbox"/> Friable Tissue             |   |

Ventral midline incision, ovarian pedicals:	_____ Instrument Tie	_____ Circumferential	_____ Millers	_____ Suture
Uterine Stump:	_____ Circumferential	_____ Millers	_____ Transfixation	_____ Suture
Abdominal Closure:	_____ Cruciate Simple:	_____ Interrupted	_____ Continuous	_____ Suture
Subcutaneous; Intra-dermal Closure	_____ Simple Continuous	_____ Mattress		_____ Suture
Skin	_____ Surgical Glue	_____ Staples	_____ Sutures	_____ Suture
_____	_____ Hernia Repair			

**NEUTER (Males)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Neuter; Castration | <input type="checkbox"/> Cryptorchid; undescended testicle(s) | <input type="checkbox"/> Already Neutered (contact clinic if signs of cryptorchidism) |
|---|---|---|

Skin incision:	_____ Pre-scrotal	_____ Scrotal		
Castration Technique:	_____ Closed	_____ Open		
Cord Ligation:	_____ Instrument Tie	_____ Circumferential	_____ Millers	_____ Transfixation
Subcutaneous Skin Closure:	_____ Intradermal Mattress	_____ Simple Continuous	_____ Surgical Glue	_____ Staples
	_____ Hernia Repair			_____ Suture

\_\_\_\_\_ Additional Post-Op Instructions Attached

Please see your full-service veterinarian to address the following concerns about your pet: \_\_\_\_\_ Over/Under weight

\_\_\_\_\_ Ear/Eye Concerns    \_\_\_\_\_ Skin Abnormalities    \_\_\_\_\_ Dental Concerns    \_\_\_\_\_ Fleas/Ticks/Lice/Tapeworms  
 \_\_\_\_\_ FeLV/FIV: Negative    \_\_\_\_\_ FeLV Positive    \_\_\_\_\_ FIV Positive    \_\_\_\_\_ Heartworm: NAD/Positive    \_\_\_\_\_ Revolution

_____	Weight:    Lbs.
_____	
_____	
_____	

Dr. Carol Fretz, DVM	Dr. Kendra Jiannuzzi, DVM	Dr. Ericka Bates, DVM
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