Surgery Form: SPOT USA, Inc. 4403 62 nd Ave, Pinellas Park, FL 33781 727-329-8657							
Date of last rabies vaccine							
☐I HAVE PROOF OF CURRENT RABIES VACCINATION							
Your first name	Your LAST name		Pet's name	Pet's DOB or age			
☐Cat ☐Dog	Male Female	If female, has she had a	litter? \[Y \[\] N	If female, date of last heat cycle			
Pet's color(s)		Pe	t's breed				
Address		City		State ZIP			
PICK UP PHONE #	Work phone with area	Cell phone with area		lid you hear about SPOT?			
			Friend We	ebsite Other			
SPOT USA, Inc. 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 understand the following before signing your name. I, acting as owner or agent of the pet named above, hereby request and authorize SPOT USA, Inc. through whomever veterinarians they may designate, to perform an operation for sexual sterilization, and tattoo of the animal named on the above portion of this form.							
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.							
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 vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.							
I certify that my animal is in good health and has had no food since Midnight the evening prior to surgery.							
I understand that SPOT USA, Inc. has the right to refuse service to any animal to whom surgery is deemed a health risk.							
I understand that SPOT USA, Inc. may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work and waive my right to have this service performed prior to surgery at a full-service veterinarian.							
I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, in heat, heart murmurs and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.							
I understand that if my animal is pregnant or in heat, the pregnancy will be terminated and there will be an additional charge.							
I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$40.							
I understand that if my animal has ticks, there is a \$25 charge, or has fleas, there will be a Capstar flea treatment administered for \$10.							
I understand that if I don't retrieve my pet at the agreed upon time that SPOT USA, Inc. will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of Florida. Owners of pets who arrive to pick up their pet after the agreed pick-up time will be charged a late fee for every half hour they are late.							
I hereby release SPOT USA, Inc. and all SPOT USA, Inc. 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 SPOT USA, Inc. 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 and/ or acts of God.							
Requested CAT Vaccines (Vx) & Services: Spay In Heat / Preg Rabies Vx FeLV/FIV Test Cat box Ear Mite Check/Treatment if needed Hernia Repair Distemper combo Vx Hook/Round Deworm Revolution Nail Trim Capstar Neuter Crypt Leukemia Vx Tape Deworm/Treatment if seen Cheristin Microchip							
Requested DOG Vaccines (Vx) & Services: Spay In Heat Repair Distemper/Parvo Vx Tranquilizer Fecal Neuter Crypt Bordetella Vx E-Collar Hook/Round Deworm Trifexis Nail Trim							
By signing, I acknowledge I have read and understand this form. I will follow all post op instructions, otherwise owner is responsible for after care emergencies.							

SIGNATURE DATE

Pets Name	Last Name	SPOT USA, Inc Pre Surgica	al Exam Check List
To heln e	ensure your animal is healthy for anesthe	esia, the following questions are very in	nportant
_	rned this pet?Rescued/Adopte		iportuini.
	e or outside?% of time indoors,		
1	examined by a veterinarian? Y/N		
4. Has this pet received he	ook/round dewormer - 2 doses 2-3 week	ss apart? Y/N	
5. Has this pet eaten since	<u> </u>	·	
	n abdominal surgery? Y/N		
	ing any medications? Y / N		
Please list any medical	ions, supplements, flea prevention/treats	ment, neartworm prevention, pain medi	ines, etc
8. Is this pet allergic to an	ny medications or ever had any adverse	reaction? Y / N	
9. Has this pet's eating an	nd /or drinking habits changed in the last	t 30 days? Y / N	_
	ad diarrhea, been coughing, runny eyes		
	nown any signs of exercise intolerance?		
	ver advised you of this pet having a hear		
	ates have any medical issues? Y/N eartworm test in the past year? Y/N _		
=	ous to examine, Do you still want to do		resuits
	want to do	ine surgery. 1710	
Veterinary Staff Use (ONLY Date:	Weight	
	QAR BAR		
Neur NSF Ab	CV NSF Ab Integ NS	F Ab LN NSF Ab	EENT NSF Ab
UG NSF Ab	MS NSF Ab Alim NS	F Ab	
Suture PDS 0 2.0 3.0 Atropine 0.54mg/ml Butorph. 10mg/ml Carprofen inj 50mg/ml_	pregnantNEUTERo Line SC SI SC NS SC SIml Acepromzn. 10mgml SC Dexmedetomidiml SC Meloxicam inj ng #:PO Meloxica	Skin ID or Ext sutures Blade /mlml Telazol 100mg ne HCL .5mg/mlml SCmg/mlml SC	#10 #15 g/mlml IM / IV Isoflorane
_	g #:PO Cephalexin 250	-	
	+ / - FIV + / - Fecal + /		-
	nlSC Praziquantel Tabs		
	ml:ml on/ &/		_
			, B E
Nail Trim E-Co	llar Microchip		