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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)

Pet's breed

Address

City

State

ZIP

PICK UP PHONE #

Work phone with area

Cell phone with area code

Email Address

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 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, 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 you 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 or acts of God.

**Requested CAT Vaccines (Vx) & Services:**

- Spay  In Heat / Preg  Rabies Vx  FeLV/FIV Test  Microchip  Nail Trim  
 Hernia Repair  Distemper combo Vx  Fecal  Hook/Round Deworm  Capstar  
 Neuter  Crypt  Leukemia Vx  Ear Mite Check  Tape Deworm Y / N  Cat box  Ear tip

**Requested DOG Vaccines (Vx) & Services:**

- Spay  In Heat  Pain Meds  Rabies Vx  Heartworm Test  Heartgard Plus  
 Hernia Repair  Tranquilizer  Distemper/Parvo Vx  Fecal  Hook/Round Deworm  
 Neuter  Crypt  E-Collar  Bordetella Vx  Comfortis  Microchip  Nail Trim

By signing, I acknowledge I have read and understand this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Pets Name \_\_\_\_\_ SPOT USA, Inc Pre Surgical Exam Check List**

To help ensure your animal is healthy for anesthesia, the following questions are very important.

1. How long have you owned this pet? \_\_\_\_\_ Rescued/Adopted \_\_\_\_\_ Purchased \_\_\_\_\_
2. Does this pet live inside or outside? \_\_\_\_% of time indoors, \_\_\_\_% of time outdoors
3. Has this pet ever been examined by a veterinarian? Y / N Date of last visit \_\_\_\_\_
4. Has this pet received dewormer - 2 doses 2-3 weeks apart? Y/N \_\_\_\_\_
5. Has this pet eaten since Midnight? Y / N \_\_\_\_\_
6. Has this pet ever had an abdominal surgery? Y / N \_\_\_\_\_
7. Is this pet currently taking any medications? Y / N \_\_\_\_\_  
Please list *any* medications, supplements, flea prevention/treatment, heartworm prevention, pain medicines, etc  
\_\_\_\_\_
8. Is this pet allergic to any medications or ever had any adverse reaction? Y / N \_\_\_\_\_
9. Has this pet's eating and /or drinking habits changed in the last 30 days? Y / N \_\_\_\_\_
10. Has this pet vomited, had diarrhea, been coughing, runny eyes or sneezing in the last 7 days? Y / N \_\_\_\_\_
11. Has this pet recently shown any signs of exercise intolerance? Y / N \_\_\_\_\_
12. Has any veterinarian ever advised you of this pet having a heart murmur, liver or kidney problem? Y / N \_\_\_\_\_
13. If dog, has s/he had a heartworm test in the past year? Y / N \_\_\_\_\_ clinic \_\_\_\_\_ date \_\_\_\_\_ results \_\_\_\_\_

<b><u>Veterinary Staff Use ONLY</u></b>		Date: _____
PE) Gen appearance: QAR BAR _____ T _____ P _____ R _____ MM _____		
Neur NSF Ab	CV NSF Ab	Integ NSF Ab
LN NSF Ab	EENT NSF Ab	
UG NSF Ab	MS NSF Ab	Alim NSF Ab _____
SPAY _____ in-heat _____ pregnant _____ NEUTER _____ cryptorchid abd / ingu _____ Umb. Herniorrhaphy _____		
Suture PDS 0 2 3 Linea SC SI SQ NS SC SI Skin Intradermal or External sutures Blade #10 #15		
Atropine 0.54mg/ml _____ ml Glycopyrr. 0.2mg/ml _____ ml Butorph. 10mg/ml _____ ml SC		
Acepromzn. 10mg/ml _____ ml Telazol 100mg/ml _____ ml IM / IV		
Rimadyl 50mg/ml _____ ml SC Buprenorphine .6mg/ml _____ ml SC Metacam _____ mg/ml _____ ml SC		
Rimadyl chewable _____ mg # _____: _____ PO Metacam Oral 1.5mg/ml # _____ ml: _____ ml QD PO		
Tramadol 50mg # _____: _____ PO Acepromazine _____ mg # _____: _____ PO		
Nail Trim _____ Ear Tip _____ Ivermectin 1% _____ ml SC E-Collar _____		
HWT + / - FeLV + / - FIV + / - Fecal + / - _____		
Earmites + / - Acarexx _____ AU Praziquantel 56.8mg/ml _____ SC Capstar _____ mg PO / PR		
Strongid 50mg/ml # _____ ml: _____ ml on ____/____/____ & ____/____/____ PO		