

Print in Black ink only!

PET WEIGHT CLINIC USE

Date of Surgery		ALTERNATE PICK-UP	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Your first name	Your last name	Your pet's name	Pet's age or DOB
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Has your female had a litter? <input type="checkbox"/> No <input type="checkbox"/> Yes, how many? _____ her last Heat cycle? _____	
Pet's color(s)		Pet's breed	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Address		City	State ZIP
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
PICK UP PHONE #	Work phone with area	Cell phone with area code	Email Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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 10:00pm 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, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

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 for cats and \$15 for dogs.

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 left after the agreed date shall be charged a boarding fee of no less than **\$50 per night**. Owners of pets who arrive after **5:00pm** will be charged a **\$15.00** late fee.

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 & Services:

- Spay In Heat Pregnant Neuter Cryptorchid Hernia Repair Rabies County Tag Distemper Combo
 Pain Meds. FeLv/FIV Test Leukemia vaccine Nail Trim Microchip Fecal Hook/Round Deworm
 Ear Mite Check Capstar Flea Treatment Tape Deworm Frontline Plus Cat Carrier Box

Requested DOG Vaccines & Services:

- Spay In Heat Pregnant Neuter Cryptorchid Hernia Repair Rabies County Tag Distemper/Parvo
 Pain Meds E-Collar Heartworm Test Fecal Hook/Round Deworm Nail Trim Tooth Extract Microchip
 Tape Deworm Capstar Flea Treatment Frontline Plus Comfortis Anal Glands Bordetella Heartgard Plus

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

SIGNATURE

DATE

