Surgery Form: SPOT USA, Inc. 4403 62 <sup>nd</sup> Ave, Pinellas Park, FL 33781 727-329-8657								
Date of last rabies vaccine								
	☐I HAVE PRO	OF OF CURRENT RAB	IES 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	et's breed					
Address		City		State ZIP				
PICK UP PHONE #	Work phone with area	Cell phone with area	code How d	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 Capstar Microchip Hernia Repair Distemper combo Vx Fecal Hook/Round Deworm Neuter Crypt Leukemia Vx Ear Mite Check Tape Deworm Y/N Cheristin  Ear tip								
Requested DOG Vaccines (Vx) & Services:  Spay In Heat Rabies Vx Pain Meds Heartworm Test Heartgard Plus Comfortis Hernia Repair Distemper/Parvo Vx Tranquilizer Fecal Nexgard Microchip 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	SPOT USA, Inc l	Pre Surgical E	xam Check Li	ist
To help ensure your a	nimal is healthy for anesthes	ia, the following q	uestions are very	important.
1. How long have you owned this pet				
2. Does this pet live inside or outside?	of time indoors,	_% of time outdoo	ors	
3. Has this pet ever been examined by	a veterinarian? Y/N	Date of	f last visit	<del></del>
<ul><li>4. Has this pet received dewormer - 2</li><li>5. Has this pet eaten since Midnight?</li></ul>	_			
<ul><li>5. Has this pet eaten since Midnight?</li><li>6. Has this pet ever had an abdominal</li></ul>				
7. Is this pet currently taking any med				
Please list <i>any</i> medications, suppler				
8. Is this pet allergic to any medication	ns or ever had any adverse re	action? Y / N		
9. Has this pet's eating and /or drinking	•			
10. Has this pet vomited, had diarrhea,				
11. Has this pet recently shown any sig				
12. Has any veterinarian ever advised y				
13. If dog, has s/he had a heartworm te	st in the past year? Y / N	_clinic	da	teresults
Veterinary Staff Use ONLY	Date:			
<b>PE</b> ) Gen appearance: QAR BAF		Т Р	R	MM
Neur NSF Ab CV NS				
The true   The true	i Au integ Noi	NO LIV	NSI AU	LLIVI IVSI 710
UG NSF Ab MS NS	F Ab Alim NSF	Ab		
SPAY in-heat pregna	nntNEUTERcr	yptorchid abd	/ inguUm	ıb. Herniorrhaphy
Suture PDS 0 2 3 Linea SC SI				
Atropine 0.54mg/mlml				.0mg/mlml
Telazol 100mg/mlml IM / 1	IV Rimadyl 50n	ng/mlm	l SC	
Buprenorphine HCLSR 3mg/ml_	ml SC Metacam	mg/ml	ml SC	
Rimadyl chewablemg #:_	PO Metacam C	oral 1.5mg/ml #_	ml:m	al QD PO
Tramadol 50mg #:	PO Acepromazine	mg #:	PO	
Nail Trim E-Collar				)0mg # : PC
HWT + / - FeLV + / - FIV	_	_		_
Praziquantel 56.8mg/mlSC				
				D /I
Strongid 50mg/ml #ml:ml	on/ &//_	PO	R D	B/L