



Public Spay/Neuter Clinic

541-928-2789

Date of Surgery

Authorization Form

Your first name

Your last name

Your pet's name

Pet's age or DOB

Cat Dog

Male Female

Has your pet had a litter? Y N

If yes, when was her last litter born _____

Pet's color

Pet's breed

Pet's Regular Veterinarian

 None

Your Address

City

State

ZIP

Phone Number (where we can reach you TODAY)

Alternate Phone Number

Email Address

SafeHaven Humane Society 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 SafeHaven Humane Society, 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 certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery, unless otherwise instructed.
- 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 understand that SafeHaven Humane Society has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that my animal will not receive pre-operative bloodwork at this clinic and that he/she may be at increased risk for complications associated with surgery or any medications given if an undiagnosed or diagnosed preexisting condition is present that could have been detected by pre-operative bloodwork.
- I understand that some factors significantly increase surgical risk and chance of post-operative complications, including but not limited to, pregnancy, heat, obesity, heart murmur and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and internal or external parasites.
- If my animal is found pregnant during the pre-surgery exam, I still want to proceed with the spay and pregnancy termination. Yes _____ No _____
- I understand that if my animal is found pregnant during surgery, the pregnancy will be terminated at time of surgery.
- I understand that if my animal has live fleas upon presentation, he/she may be given a short-acting flea killing medication at an additional charge of \$10.
- I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$15.
- I understand if my animal has an undescended testicle, it will be repaired at the time of surgery at an additional charge of \$20.

Owners of pets left after the agreed time and date shall be charged a boarding fee of \$15 per night, but animals will be left unattended in the clinic after closing until staff members arrive the following morning. I understand that if I don't retrieve my pet at the agreed upon time that SafeHaven Humane Society will exercise its right to take possession of the animal as allowed by the State of Oregon under Animal Abandonment and Possessory Chattel Lien laws.

I hereby release the SafeHaven Humane Society, all 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 SafeHaven Humane Society harmless for any damages caused during the transportation or handling of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER ABDOMEN TO SHOW THAT S/HE HAS BEEN STERILIZED.

Requested Feline Vaccines and Services

- FVRCP Vaccine \$15 Nail Trim \$10
 FVRCP/FelV Vaccine \$30 Microchip \$30
 Rabies Vaccine \$30 FelV/FIV test \$30
 Deworming \$13.25 Ear Cleaning \$10
 Flea/Tick/Ear Mite Treatment \$10-20

Requested Canine Vaccines and Services

- DA2PP Vaccine \$15 Nail Trim \$10
 Bordetella Vaccine \$15 Microchip \$30
 Rabies Vaccine \$30 Heartworm Test \$30
 Deworming \$12.75-35 Anal Gland Expression \$15
 Ear Cleaning \$10 Flea/Tick Treatment \$15-45

SIGNATURE

DATE