



Sterling Shelter Clinic Surgical Check In List:

Note: This file contains 3 pages

1. After you have made an appointment with the Clinic Staff, please notify us if you need to cancel or change your appointment. Please be on time.
2. Make sure pre-surgical consent form is completely filled out AND signed. (last page in this document)
3. You will need to present a VALID rabies certificate (if applicable) – Rabies TAGS are not considered proof of vaccination. We can offer a rabies vaccination at additional charge if you do not have one.
4. Choose any ADDITIONAL services from SERVICE MENU (next page)
5. When you arrive at the clinic on the day of your surgery - Leave your pet in the car until you have checked in with the clinic staff.

Please disclose any/all medical issues/concerns at this time.

Payment is due in FULL at time of pick up.

Forms of payment accepted:

Cash, MasterCard, Visa, Discover or debit cards (3% fee applies to all cards).

We do NOT accept checks, money orders, or American Express.

**We also provide the following services at discounted prices:
Check any/all additional services you would like**

For Dogs

		<u>Check Service</u>
Distemper/Rabies combo	\$40.00	<input type="checkbox"/>
Distemper vaccine (DHPP, no lept)	\$20.00	<input type="checkbox"/>
Rabies vaccine (1yr/3yr)	\$25.00	<input type="checkbox"/>
Kennel Cough vaccine	\$20.00	<input type="checkbox"/>
Microchip	\$35.00	<input type="checkbox"/>
DNA Testing Kit	\$70.00	<input type="checkbox"/>
Heartworm Testing	\$20.00	<input type="checkbox"/>
Dewormer 0-44 lbs	\$20.00	<input type="checkbox"/>
Dewormer 45-60 lbs	\$25.00	<input type="checkbox"/>
Dewormer 60-80 lbs	\$30.00	<input type="checkbox"/>

For Cats

Distemper/Rabies combo	\$40.00	<input type="checkbox"/>
Distemper vaccine (FVRCP)	\$20.00	<input type="checkbox"/>
Rabies vaccine (1yr/3yr)	\$25.00	<input type="checkbox"/>
Microchip	\$35.00	<input type="checkbox"/>
FELV/FIV Testing	\$35.00	<input type="checkbox"/>
Cardboard Carrier	\$10.00	<input type="checkbox"/>
Dewormer	\$10.00	<input type="checkbox"/>

For Both Dogs and Cats

Flea/Tick Treatment(Single dose applied day of surgery)	\$15.00	<input type="checkbox"/>
Flea/Tick Treatments(Box of 3 doses)	\$40.00	<input type="checkbox"/>
Fecal Testing	\$20.00	<input type="checkbox"/>
Nail Trim	\$10.00	<input type="checkbox"/>

Heartworm medication – ONLY dispensed w/ purchase of heartworm test

Dog < 25 lbs per pill	\$4.00	<input type="checkbox"/>
Dog > 25 lbs per pill	\$5.00	<input type="checkbox"/>

I agree to the services checked above. Signature: _____

Animal Shelter Inc/Sterling Shelter Clinic
17 Laurelwood Road-Sterling-MA
(978) - 422-8449 sterlingshelterclinic@gmail.com

Date of Surgery

Spay/Neuter Surgical Consent

Owner's First Name

Owner's Last Name

Primary Phone

 -

Secondary Phone

 -

Owner's Street Address

City

State

ZIP

Dog Cat

Male Female

Pet's Name

Pet's Breed

Pet's Color(s)

Pet's Age

Contact Email

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, & ensure you understand, the following before signing your name:

- I, acting as owner or agent of the pet named above, hereby request and authorize ASI/SSC veterinarians to perform an operation for sexual sterilization of the animal named on the above portion of this form.
- **I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.**
- I understand the inherent risks of failing to maintain current vaccinations (Dhpp/Fvrp/Rabies) and waive all claims arising out of, or connected with, the performance or outcome of this operation due to such failure. I understand that if my pet develops kennel cough/parvo after surgery, I am responsible for treatment at my own cost.
- Per state law I must present a valid rabies vaccination certificate (tags are not proof) or give permission to the clinic to vaccinate my pet for an additional fee.
- I certify that my animal is in good health and has had no food since midnight the evening prior to surgery.
- **I understand that if my animal is found to have live fleas, it will be treated and be charged at current cost.**
- I understand that ASI/SSC has the right to refuse service to any animal deemed too high of a surgical risk or is too aggressive for our staff to safely handle.
- I understand that my animal will not receive pre-operative blood work. If I choose for my pet to have blood work, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FELV), heartworms, and previous or unknown exposure to distemper/parvo/panleuk viruses.
- I understand that if my animal is pregnant, the pregnancy will be terminated during the time of surgery, and there will be an additional charge. Also, if the animal is found to be in heat during the surgery, there will be an additional charge. Charges for both scenarios range from \$25-\$50.
- I understand that if I do not retrieve my pet(s) at the agreed-upon time, there will be a boarding fee of \$25 each night. If for some reason we do not receive an email/phone message within 24 hours of the agreed upon pick up time, ASI/SSC will consider the animal abandoned, contact the Sterling Animal Control officer, and the animal will be considered the property of ASI/SSC in accordance with state law.
- I hereby release ASI/SSC, 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 ASI/SSC 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.
- I understand that all services are paid for at the time of pick up, and ASI/SSC accepts Visa/Mastercard/Discover cards, debit cards, and cash. ASI/SSC **does not** accept checks or American Express. The use of debit/credit cards will incur a 3% fee.

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

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE

I HAVE PROOF OF CURRENT RABIES VACCINATION

Signature _____

Date _____