

Sterling Shelter Clinic Surgical Check In List

(Note: This Document Contains 2 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. Complete and Sign Medical Consent Form (Next 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 the List Below.
5. Covid 19 - Upon arrival remain in your car. Clinic Staff will come to your car.
6. All published prices reflect a 3% cash discount. Forms of payment accepted - Visa, MC, Discover, Debit, and Cash. **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	\$80.00	<input type="checkbox"/>
Heartworm Testing	\$20.00	<input type="checkbox"/>
Iverhart Plus All Weights Single Dose	\$10.00	<input type="checkbox"/>
Iverhart Plus All Weights Box of 6	\$55.00	<input type="checkbox"/>
Dewormer under 25 lbs	\$25.00	<input type="checkbox"/>
Dewormer over 25lbs	\$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"/>

I agree to the services checked above. Signature: _____

Medical / Surgical Consent Form

Date of Surgery <input style="width: 100%;" type="text"/>					
Owner's First Name <input style="width: 100%;" type="text"/>		Owner's Last Name <input style="width: 100%;" type="text"/>		Primary Phone <input style="width: 100%;" type="text"/>	Secondary Phone <input style="width: 100%;" type="text"/>
Owner's Street Address <input style="width: 100%;" type="text"/>			City <input style="width: 100%;" type="text"/>	State <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	ZIP <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Dog <input type="checkbox"/> Cat		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Pet's Name <input style="width: 100%;" type="text"/>			Pet's Breed <input style="width: 100%;" type="text"/>		
Pet's Color(s) <input style="width: 100%;" type="text"/>		Pet's Age <input style="width: 100%;" type="text"/>		Contact Email <input style="width: 100%;" type="text"/>	

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(s) named above, hereby request and authorize Animal Shelter Inc Sterling Shelter Clinic veterinarians to perform Medical and/or Surgical procedures on the animal named on the above portion of this form.
- **I understand that the procedures I have elected present 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 all procedures have an inherent risk and waive all claims arising out of, or connected with, the performance or outcome of any procedures. I understand that if my pet develops any infection or disease 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 ticks or fleas, it will be treated and will be charged at current cost.**
- I understand that Animal Shelter Inc Sterling Shelter Clinic 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 preoperative 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, we will consider the animal abandoned, contact the Sterling Animal Control officer, and the animal will be considered the property of Animal Shelter Inc in accordance with state law.
- I hereby release Animal Shelter Inc Sterling Shelter Clinic, 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 medical procedures of such animal or any consequences related thereto. Owner hereby agrees to indemnify and hold Animal Shelter Inc Sterling Shelter Clinic 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 if my animal is being spayed or neutered, they will receive a small tattoo on their underside to show that they have been sterilized.
- I understand that all services are paid for at the time of pick up, and Animal Shelter Inc accepts Visa/Mastercard/Discover cards, debit cards, and cash. **We do not** accept Checks or American Express. All published prices reflect a 3% cash discount.

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE I HAVE PROOF OF CURRENT RABIES VACCINATION

Signature _____

Date _____