

All animals are seen by **appointment only**. If you do not have an appointment please logon to pensacolahumane.org to schedule your appointment online. *Excluding feral cats in a **live animal trap** brought in at appropriate times.

Date of Surgery: _____

Barbara Grice Memorial Spay & Neuter Clinic

Owner's Name: _____

Pets Name: _____

Owner's Phone: _____

Address: _____

The Barbara Grice Memorial Spay and Neuter Clinic (BGM) 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. *Today's examination will be limited to confirming that your pet is in the lower risk category for anesthesia and/or surgery.* We recommend preanesthetic blood work and rabies vaccination be completed by your pet's veterinarian prior to admission to the clinic.

Please INITIAL blanks marked by "x" below to consent to surgery & services

I, acting as owner or agent of the pet named above, hereby requests and authorizes BGM, through whomever veterinarians they may designate, to perform an operation for SPAY or NEUTER, plus the additional service(s) selected on the back of this form. By signing below I further attest to the information/responses on BOTH SIDES of this Intake & History form.

I understand that anesthesia, surgery, vaccination, repeat vaccinations, and other therapeutic or diagnostic procedures may involve risk of complication, injury, or even death, from both known and unknown causes. I understand that all surgeries present certain risks, but some conditions increase surgical risk, including, but not limited to, age, obesity, pregnancy, heat, heartworm, tick-borne diseases, Feline Immunodeficiency Virus (FIV) and/or Feline Leukemia Virus (FeLV).

I certify that my animal is in good health, is a good surgical candidate and I accept the risks associated with today's surgery.

I either certify that my animal is current on his/her vaccinations, waive my right to protect my animal by having it vaccinated prior to admission, or request recommended vaccinations TODAY. I understand that it takes up to two weeks for vaccinations to protect my animal from infectious disease.

I understand the risks of failing to maintain current vaccinations and understand that my pet may be exposed to animals not fully immunized and unknowingly carrying infectious diseases. Our Clinic HIGHLY RECOMMENDS full vaccination prior to admission.

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

I understand that if my animal has fleas, it will be treated with Capstar, at an additional cost of \$5 per pet.

I understand that if my animal has a REDUCIBLE hernia repair (that is determined to be medically necessary to be repaired by the veterinarian) it will be repaired for an additional \$15 to \$30 charge.

I understand that if my animal is pregnant, over/under weight, in heat, or 6 years of age or older they may be REQUIRED to have IV fluids during time of surgery (administered at a cost of \$15 per animal).

I understand that my animal will receive a small tattoo on his/her underside to show that he/she has had spay/neuter surgery.

I understand that this facility does not board pets. I understand that if I do not retrieve my pet by 5:30 pm today, I will be charged a boarding fee of no less than \$20 per night that my animal is left behind.

No animals are released prior to their designated pickup time. Dogs at 4:00PM and Cats at 5:00PM.

I have received a copy of the post surgical care instructions during the intake/drop off time of my animal and I understand that a post surgical care announcement about how to take care of my animal after surgery is given promptly at my animal's designated pick up time.

I hereby release the Barbara Grice Spay and Neuter 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 complications. I agree that I have not and will not claim any right of compensation or punitive damages from all named herein. Owner/agent hereby agrees to indemnify and hold Barbara Grice Memorial Spay and Neuter Clinic and/or the Pensacola Humane Society, Inc. (PHS) harmless for any damages caused during the surgery and requested additional services, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. Further, by signing below, you give permission to have your animal photographed and posted on Facebook or any website managed by PHS or this Clinic.