



Surgery Appointment Request Form

Owner's Name: _____ Date: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Procedure Requested (Please Circle): Spay Neuter Other: _____

Pet's Name: _____ Age: _____

Species (Please Circle)	Gender (Please Circle)	Stray/Feral/Aggressive (Please Circle)
Cat Dog	Male Female	Yes No

Breed: _____ Estimated Weight: _____ Is your pet overweight? Yes No

There is an additional cost for overweight animals

Color: _____ Coat Type (Please Circle): Short Medium Long

If Female:

Has she had puppies/kittens? (Please Circle) Yes No Unsure If yes, when? _____

Is she in heat? Yes No Unsure

Is she currently pregnant? Yes No Unsure If yes, how far along? _____

If Male:

Have both testicles descended? Yes No Unsure *There is an additional cost for cryptorchid*

Medical History:

Previous Surgeries? Yes No Unsure _____

Medical issues (Lyme disease, Seizures, etc.) _____

Is your pet microchipped? Yes No

Rabies, Distemper and an Exam are included with the procedure. Proof of current Rabies and Distemper vaccination is required, along with proof of a Wellness Exam within the last 6 months. If the animal is not current, or you are unable to provide proof, vaccines will be administered, and an exam will be performed before surgery. If proof of vaccination AND an exam is provided, we will reimburse \$50

Additional Services

Vaccines

- ☐ **Bordetella Vaccine (Kennel Cough) - \$20**
- ☐ **Leptospirosis - \$15** Lepto is spread through the urine of wild animals, including mice and rats, and it is deadly. Humans can catch lepto from an infected pet, so vaccinating against lepto is highly recommended and it is considered a core vaccine in our area.
- ☐ **Lyme - \$25** Lyme disease is extremely common in our area, so this vaccine is strongly recommended for all dogs.
- ☐ **FeLV (Feline Leukemia) - \$20** Feline Leukemia is spread through contact with infected cats. This vaccine is considered a lifestyle vaccine, and it is strongly recommended for indoor/outdoor cats and outdoor only cats.

Testing

- ☐ **4DX (Tests for Lyme Disease, Anaplasmosis, Ehrlichia, and Heartworm) - \$40** Lyme Disease and Anaplasmosis are extremely common in our area, and they can cause slow clotting during surgery.
- ☐ **FIV/FeLV (Tests for Feline Immunodeficiency Virus, Feline Leukemia, and Heartworm) - \$40** This test is especially valuable for cats found as strays. Both FIV and FeLV can be easily transmitted to other cats.
- ☐ **Blood Panel (CBC & Chem 17) - \$95**

*** Stray Haven may run any of these tests at the veterinarian's discretion if there are concerns during surgery. ***

Other

- ☐ **Nail Trim - \$10**
- ☐ **Microchip - \$30**
- ☐ **Flea/Tick Prevention - \$15** If your pet is found to have live fleas, Stray Haven will administer flea/tick prevention at the veterinarian's discretion because fleas can hinder the healing process and cause infection.

Notes about my pet:

I understand there are medical risks associated with the Procedure, including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. ____

I understand that Stray Haven will perform a physical exam but not perform a comprehensive cardiac exam, other diagnostic tests, and bloodwork prior to the Procedure. I understand that there are increased risks due to the fact that Stray Haven will not perform extensive pre-operative diagnostic evaluations. ____

If the vet has concerns about the procedure, I authorize diagnostics to be done at the attending veterinarians' discretion and agree to pay reasonable additional charges if any. ____

I understand that if during alteration my pet is found to be pregnant, the alteration will still be completed, and I agree to pay reasonable additional charges if any. ____

I understand that my pet must be free of fleas because fleas can hinder the healing process. If live fleas are found on my pet, I authorize the use of a flea/tick product and agree to pay reasonable additional charges if any. ____

I understand that my pet must be current on rabies and distemper vaccinations and give authority for any vaccines needed to be given to my pet and that I will be responsible and agree to pay reasonable additional charges for vaccines. ____

I will hold harmless Stray Haven, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal as a result of the Procedure or the above risk factors. ____

If in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges if any. ____

I understand that if I am unable to pick up my pet between 9am-10am that the shelter has the right to charge a day boarding fee, and I agree to pay reasonable additional charges if any. ____

I understand that any payments made towards the cost of surgery, including vaccinations and any additional services requested, are not refundable. ____

I agree that I will be financially responsible for any post-operative medical treatment relating to this Procedure or any other unrelated medical problems of my animal.

Signature

Date