



Admission Form

(Owned Animal)

Please complete a separate form for EACH pet.

Owner's Name:		Phone 1:	
Street Address:		County:	Phone 2:
City & State:		Zip:	Email:
Pet's Name:		Pet's Age:	Breed:
Description:			
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Health Concerns:			

Would you like to donate to our \$PAY if Forward fund to help other pets in need? \$5 \$10 \$20 Other _____

REQUESTED SERVICES

DOGS		Weight:					
<input type="checkbox"/> Spay/Neuter		<input type="checkbox"/> Flea Treatment	\$10	<input type="checkbox"/> Spay/Neuter		<input type="checkbox"/> Flea Treatment	\$8
<input type="checkbox"/> DHPP Vaccine	\$10	<input type="checkbox"/> Multi Flea Treatment	\$15	<input type="checkbox"/> FVRCP Vaccine	\$10	<input type="checkbox"/> Multi Flea Treatment	\$12
<input type="checkbox"/> Bordetella Vaccine	\$10	<input type="checkbox"/> E-Collar	\$10	<input type="checkbox"/> Leukemia Vaccine	\$15	<input type="checkbox"/> E-Collar	\$10
<input type="checkbox"/> Microchip	\$25	<input type="checkbox"/> Strongid Dewormer	\$5-\$10	<input type="checkbox"/> Microchip	\$25	<input type="checkbox"/> Strongid Dewormer	\$5-\$10
<input type="checkbox"/> Heartworm Test	\$20	<input type="checkbox"/> Droncit Dewormer	\$15	<input type="checkbox"/> FeLV/FIV Combo Test	\$20	<input type="checkbox"/> Drontal Dewormer	\$15

CATS

PREAUTHORIZATION FOR TREATMENT OF MINOR ISSUES

<input type="checkbox"/> I authorize and will pay for treatment of minor issues. (e.g.: fleas, intestinal worms, earmites, etc.)	Max Amount: \$ _____
<input type="checkbox"/> I do NOT authorize treatment and will get treatment for my animal elsewhere.	

Is your pet currently taking any medications? If so please list: _____

Does your pet have any food, medication, or other allergies? Please list if any: _____

My pet has received pre-anesthetic bloodwork YES NO. I have declined bloodwork prior to surgery. YES NO

***Carefully read and initial the following BEFORE signing your name:**

- ____ Your pet will receive a small tattoo on his/her underside to show that he/she has been sterilized.
- ____ All pets will receive Nitenpyram orally to control fleas in our facility.
- ____ All pets will receive an oral pain medication to be administered at home. Cat owners have an option for their cat to receive a pain injection that will last 72 hours. This pain injection is required for all cats in their third trimester of pregnancy.
- ____ I understand that the operation presents an anesthetic risk that could result in the death of the animal mentioned above and would like to proceed with the surgical sterilization of my pet.
- ____ I understand that it takes up to two weeks for vaccinations to protect my animal, and either certify that my animal has been vaccinated more than two weeks and less than one year prior to this date, OR waive my right to protect my pet by having it vaccinated 2 weeks prior to surgery.
- ____ I certify that my pet is in good health.
- ____ I understand that Jazzy Paw, Inc. has the right to refuse service to any animal whom surgery is deemed a health risk.
- ____ I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as FIV, Leukemia, and heartworm disease.
- ____ I understand that an extra charge of \$25 will be added if my pet is in heat or obese, as these circumstances require more time and extra materials.
- ____ I understand that if my animal is pregnant, the pregnancy will be terminated at surgery and an extra charge could apply.
- ____ I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery for an additional charge of \$25.
- ____ I understand that if my animal is cryptorchid (has undescended testicles), I will be charged an additional \$25 if it is inguinal or \$50 if it is abdominal.

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____ I understand that it is unlawful to abandon an animal under Code Section 4-11-15.1 of the Georgia Animal Protection Act. Owners of pets left after the agreed pick up time and date will be charged a boarding fee of \$25 per night.

____ I authorize Jazzy Paw, Inc. to add my name and contact information to its mailing list. I may opt-out at any time by following the opt-out instructions contained within the email newsletter.

I, as acting owner or agent of the pet named above, hereby request and authorize Jazzy Paw, Inc. through whoever licensed veterinarian they designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form. I hereby release Jazzy Paw, Inc., all veterinarians, assistants, employees, and volunteers 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 any of them or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I agree to indemnify and hold Jazzy Paw, Inc. harmless for any damages cause during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

I have read and understand the above statements. I agree to make payment for the vaccines and services checked in the boxes above.

Signature: _____ Date: _____

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