



PATIENT/CLIENT INFORMATION FORM

11401 International Drive, Richmond, VA 23236 • 804-379-0046

Office Use Only:

Owner/Responsible Agent Information

Name (please print): _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

How did you hear about us? _____

Animal Information

Name: _____ Species: *Feline Canine* Sex: *M F*

Breed: _____ Color: _____ DOB: _____

Vaccinations/Tests: Please check any of the following services or products you would like for your pet to receive while it is here for surgery today. All of these services or products are only available the day of surgery.

The Pre-Operative Blood profile checks the pet's liver and kidney functions and gives a complete blood count. These tests help to detect underlying health issues that may cause a problem while under anesthesia. This test is available to all pets; however, we strongly recommend the test for animals over 7 years of age because it will determine if your pet is a high-risk for complications that could occur while under anesthesia.

- Blood Profile \$30
- Fecal Exam \$10
- E-collar \$7

Virginia state law mandates that pets ages 4 months and older have a current Rabies vaccination. I agree that if I am unable to provide proof of an up-to-date rabies vaccination, the vaccination will be given by the Loving Spay + Neuter Clinic and that I will be charged \$10 for the rabies vaccination.

Dog Vaccinations:

- Rabies \$10
- Distemper \$10
- Heartworm Test \$20
- Bordetella (Kennel Cough) \$5
- Heartgard (6 months) \$20 – \$31*
- Flea Prevention (6 months) \$63 – \$68*
- Pain Medication \$5
- Microchipping \$25

Cat Vaccinations:

- Rabies \$10
- Distemper \$10
- Feline Leukemia/FIV test \$20
- Leukemia vaccine \$10
- Flea Prevention (6 months) \$63
- Pain Medication \$5
- Microchipping \$25

**product costs will vary depending on species and weight of the pet*

Please read if you want the Loving Spay + Neuter Clinic to administer vaccines as you indicated above: I request and authorize the Loving Spay + Neuter Clinic to vaccinate my pet as I have indicated above. I am aware and understand that vaccinations can cause adverse reactions in some pets. I hereby release the Loving Spay + Neuter Clinic from any claims arising out of or connected with administering these vaccines.

At no charge to you, we will provide an injectable pain relief medication for your pet that will last through the evening after surgery.

Pet History-Please answer the following questions to the best of your knowledge

- Yes No Has your pet eaten this morning (the day of surgery)?
- Yes No To the best of your knowledge, is your pet allergic to any drugs?
If yes, please describe: _____
- Yes No Has your pet been treated by a veterinary clinic or veterinarian for any illness or injury in the past 14 days?
If yes, please describe: _____
- Yes No Is your pet currently on any medication? If so please list them below. (This includes heartworm and flea prevention.)
If yes, please list: _____
If yes, did your pet receive this medication this morning (the day of surgery)? Yes No
What time was the medication given? _____
- Yes No Have you noticed that your pet has been vomiting, coughing or experienced diarrhea?
- Yes No To the best of your knowledge has your pet ever had a seizure?
- Yes No If your pet is a male, do you know if both testicles descended?
- Yes No If your pet is a female, is she in heat or pregnant?

Please read the following:

I am aware that the Loving Spay + Neuter Clinic recommends that pets be up-to-date on all preventative vaccinations before coming to the clinic for sterilization. I am aware that the Loving Spay + Neuter Clinic is a spay/neuter facility and that the only vaccine required for my pet to be spayed/neutered is a rabies vaccination. I agree to assume all risks associated with owning and/or exposure associated with an unvaccinated pet.

I agree to allow the veterinarian to sterilize my pregnant female pet if the veterinarian determines that the pet is a viable surgery candidate. The Loving Spay + Neuter Clinic does not charge extra to spay pregnant or in heat female pets.

I am aware that the Loving Spay + Neuter Clinic will utilize current medical protocols and my pet will be tended to by trained staff who will care for my pet and ensure that all reasonable precautions will be used to prevent escape, injury or destruction of my pet.

I agree to allow the Loving Spay + Neuter Clinic to place a small tattoo on the underside of my pet, near the sterilization incision, that will indicate that the animal has been sterilized.

If, in the course of examination or surgery, the veterinarian discovers a medical condition that requires additional treatment, the veterinarian, at his/her discretion may treat the condition. I agree to allow the treatment and will pay reasonable, extra charges, if any. In the event of a complication that requires additional hospitalization, the pet will be moved to another facility for further treatment at the expense of the owner.

I agree to pay all charges at the time the pet is discharged from the loving Spay + Neuter Clinic. I understand that the clinic **DOES NOT ACCEPT CHECKS**. I agree to pay the exact amount in cash or will present a credit card or money order to cover the charges.

The Loving Spay+Neuter Clinic is not staffed 24-hours a day. Pets will be ready for discharge from the clinic at 4:00 pm. Pets must be picked up at the end of the surgery day. **I understand that if my pet is ready to be released and I do not pick up the pet by 4:00 pm, that I will be charged a fee of \$40 per night/per pet that will cover the boarding fee.**

I understand that as the owner or agent for the pet described above, that I assume financial responsibility for the services provided by the Richmond Animal League/Loving Spay + Neuter Clinic. By signing this form, I hereby authorize the Richmond Animal League/Loving Spay + Neuter Clinic and its employees or agents to accept/hospitalize/treat and perform sterilization surgery, prescribe/administer the medications and tests I have authorized for the animal described above. I understand that the Richmond Animal League/Loving Spay + Neuter Clinic is a spay/neuter clinic only and not a full service veterinarian hospital. I understand that any further treatment must be performed by a licensed, full service veterinarian hospital.

I hereby release the Richmond Animal League/Loving Spay+Neuter Clinic, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of these procedures or any adverse reactions from vaccinations or surgeries. 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 hereto. As the owner/agent I hereby agree to indemnify and hold Richmond Animal League/Loving Spay+Neuter Clinic harmless for any damages during the transportation of the pet, or for any damages by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

The information provided herein is complete and truthful to the best of my knowledge.

Signature of Owner/Responsible Agent: _____ Date: _____