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Seattle Animal Shelter Spay and Neuter Clinic

2061 15th Avenue West, Seattle, WA 98119 • Telephone: 206-386-4260 • Fax: 206-386-4285 • www.seattleanimalshelter.org

Owner's Name: _____ Date: _____

Address: _____ City _____ Zip Code _____

Primary Phone: _____ home / cell Alternate Phone/type: _____

Pet's Name: _____ Dog Cat Rabbit Male Female

Breed: _____ Color/description: _____ Age: _____ mo/yr

Is your pet microchipped? Yes No Do you want your pet microchipped? \$30 Yes No

Is your pet current on vaccinations? Yes No Unknown Email address (req for chip) _____

Do you want your pet vaccinated? Dogs: DA2PP \$10 Yes No Lepto \$10 Yes No Bordetella \$10 Yes No

Rabies \$10 Yes No Cats: FVRCP \$10 Yes No FeLV \$10 Yes No When did your pet last eat? _____

MEDICAL HISTORY

Has your female dog/cat ever come into heat? Yes No Has he/she ever had any abdominal surgery? Yes No

Has your animal had any medical treatment within the last 6 months? Yes No If yes please explain the reason for /nature of the treatment _____ Veterinarian: _____

Is your pet currently receiving any medication? Yes No If yes, what medication and when was the last dose given? _____

Is your animal allergic to any medications? Yes No If yes which one(s)? _____

Has your pet ever had a seizure? Yes No If yes, please explain: _____

Has your pet ever had a heart or respiratory problem? Yes No If yes, please explain: _____

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant the Seattle Animal Shelter Spay and Neuter Clinic and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the Seattle Animal Shelter Spay and Neuter Clinic, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

If in the course of treatment a condition is discovered which 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.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. **I understand that a small permanent tattoo will be applied to the abdomen or pre-scrotal region (male dogs) of my animal which is a universal sign of sterilization and will aid in future verification of surgery.**

I understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policy established by the Seattle Animal Shelter. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

Owner/Guardian Signature: _____ Date: _____

For Official Use Only:

Revised 6/19/2018 JCB

Scanned by: _____ Microchip #: _____ Issuer: _____ Weight _____ Kg Record Verified _____