Date of Surgery beCAUSE 4 PAWS VET CLINIC [ ] Cat [ ] Dog [ ] Male

[ ] Female 2 Old Park Lane Road [ ] Female New Milford, CT 06776

**ADMISSION FORM**

Owner’s First Name Owner’s Last Name Pet’s Name Pet’s D.O.B.

Pet’s Color(s): Pet’s Breed Email

Address: City: State: Zip Code:

Phone Number (where we can reach you TODAY) Previous Vaccine Reaction? Previous Major Health Problems?

BC4P uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury, death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize BC4P, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form. I understand that the operation presents some hazards and that the injury to or death of such an animal may conceivably result for there is some risk in the procedure and the use of anesthetics and drugs providing this service.

I certify that my animal is in good health and has had no food since 12:00 midnight the evening before surgery. I understand that BC4P has the right to refuse service to any animal whom surgery is deemed a health risk.

I understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat and diseases such as feline immunodeficiency virus, feline leukemia and heartworms.

I understand that if my animal is pregnant, the pregnancy will terminate at surgery.

I assume full responsibility for all charges and services incurred by BC4P on my pet’s behalf and I agree to pay such charges prior to the surgery.

I understand that BC4P does provide standard operative care during surgery and provides operative and post-operative medication for pain management. BC4P does not provide post-operative care nor are we available after the surgery. If any complication arises, please see your veterinarian immediately.

**It is recommended that all pets use an e-collar. You may provide your own at pick-up or purchase one for $12.00. However, if your dog is licking the surgical site while here at our clinic, an e-collar will be sent home with you. Check if you would like an e-collar. ( ) Yes or ( ) No.**

I understand that BC4P does not refund any fees or portions thereof for any reason.

I hereby release BC4P, all veterinarians, assistants, volunteers and employees 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 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 thereto.

**PLEASE BE AWARE THAT WE ARE NOT A VETERINARY HOSPITAL AND CANNOT BE LIABLE FOR POST-OPERATIVE CARE. WE ENCOURAGE YOU TO SEEK FOLLOW UP CARE WITH YOUR VETERINARIAN.**

Requested Feline Vaccines & Services Requested Canine Vaccines & Services:

( ) Feline Distemper Vaccine (FVRCP) ( ) Canine Distemper Vaccine (Da2PP/DHPP)

( ) Rabies Vaccination ( ) Rabies Vaccination

( ) Felv/FIV Test ( ) 4 DX Test

( ) Microchip ( ) Microchip

( ) I HAVE PROOF OF CURRENT RABIES VACCINATION.

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SIGNATURE DATE