



SAFE Care Feline Spay/Neuter Clinic
8411-109 Garvey Drive, Raleigh NC 27616
919-872-7730

Medical/Surgical Release Form Dog

Owner's Name _____ Today's Date: _____
Home Address _____ Emergency Contact Information:
City State Zip _____ Name: _____
Phone _____ Phone Number: _____
Email Address: _____ How did you hear about SAFE Haven for Cats?
What number can we reach you today? _____

Animal Information:

Name: _____ Description: _____
Age (if known): _____ When did your dog last eat? _____
Date of last distemper vaccine: _____ Is your dog on flea/tick preventative? ___ No ___ Yes Applied: _____
Date of last rabies vaccine: _____ Is your dog on heartworm preventive? ___ No ___ Yes Given: _____
Does your dog have any known medical problems? _____ Is your dog on any medication? _____

Please read carefully and initial the following statements:

___ I, acting as owner or agent of the animal described above, hereby request and authorize SAFE Care Feline Spay/Neuter Clinic, through whomever veterinarian they may designate, to perform an operation for sexual sterilization of the animal described on the above portion of this form.

___ I understand that the operation presents some hazards and that injury to, or death of such animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

___ I either certify that my animal has been vaccinated within one year prior to this date **OR** request recommended vaccinations at the time of surgery. I understand that it takes up to four weeks for vaccinations to protect my animal.

___ I understand that SAFE Care Feline Spay/Neuter Clinic has the right to refuse any service to any animal to whom surgery is deemed a health risk.

___ I certify that my animal is in good health and has had food withheld as instructed.

___ I understand that if my animal is pregnant, the pregnancy will be terminated at the time of the surgery.

___ I hereby release SAFE Care Feline Spay/Neuter Clinic, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccines. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

Signed _____ Date _____

Services included (as needed): Physical exam, sterilization with pain medications, tattoo, DHPP vaccine, Rabies vaccine, nail trim, ear cleaning. **\$85.00.**

Additional Services: Please circle YES or NO for each of the following services. Additional costs apply as noted.

YES NO.....Heartworm Test - \$15
Recommended for all dogs.

YES NO.....I would like to make a donation to help other pets
get spayed or neutered **\$85**___ **\$35**___ **Other \$**_____

YES NO.....Microchip - \$25
Provides permanent identification. Registration is included.

To be completed by SAFE Care staff:

Charges and Payment

Surgery Package _____

Voucher*: _____

Extras:

- ☐ **Revolution 1mo**..... _____
- ☐ **Revolution 6mo**..... _____
- ☐ **Catego 1mo**..... _____
- ☐ **Catego 4mo**..... _____
- ☐ **FelV/FIV/HW Test**..... _____
- ☐ **FelV Vaccine**..... _____
- ☐ **Pain Medication** _____
- ☐ **HW Test** _____
- ☐ **Microchip**..... _____

TOTAL CHARGES..... _____

*Note: Vouchers do not include additional services.

Donation _____