



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:
What number can we reach you today? How did you hear about SAFE Haven for Cats?

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?
Date of last rabies vaccine: Is your dog on heartworm preventive?
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

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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**.....\_\_\_\_\_