



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

Medical/Surgical Release Form Dog

Owner's Name _____ Emergency Contact Information: _____
 Home Address _____ Name: _____
 City State Zip _____ Phone Number: _____
 Phone _____ How did you hear about SAFE Haven for Cats? _____
 Email Address: _____

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 preventative? ___ 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. **\$85.00 Package.**
All dogs will receive a pre-operative injection (Carprofen) for pain.

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

YES	NO	Service	Description	Cost
		Carprofen	2 doses of pain medication to take home	\$10
		Microchip	Provides permanent identification. Lifetime registration is included.	\$15
		Heartworm Test	We recommend testing for ALL dogs.	\$15
		Activyl (flea and tick)	Topical flea and tick medication	\$10 – one month
		Activyl (flea and tick)		\$60 – six months
		Drontal	Oral dewormer (available only for small dogs and puppies)	\$10
		Milbeguard	Heartworm preventative	\$35 – six months
		E-Collar	Prevents licking, biting, or scratching surgical site	\$10

FOR STAFF ONLY

	SURGERY PACKAGE	\$
EXTRA PRODUCTS/SERVICES	Pain Medication	\$10
	Microchip	\$15
	Heartworm Test	\$15
	Activyl – one month	\$10
	Activyl – six months	\$60
	Drontal	\$10
	Milbeguard	\$35
	E-Collar	\$10
TOTAL		\$