

Animal #: _____



Canine Spay & Neuter Form

Date: _____

OWNERS INFORMATION:

Name: _____ Primary Number: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Person to contact if you cannot be reached: _____

Phone number: _____

SERVICE TO BE PROVIDED:

Canine Neuter \$100.00 ☐

Canine Spay \$100.00 ☐

Additional Costs:

In Heat: \$20.00 ☐ Pregnant: \$20.00 ☐ Umbilical Hernia: \$15.00 ☐ Cryptorchid: \$50.00 ☐

Over 70 Lbs: \$20.00 ☐

***I understand that if any of the above is noted during surgery, I will be charged the additional cost.**

APPOINTMENT INFORMATION:

Scheduled Date: _____. I understand I need to be here between 7:30 and 8:00 am. If I am unable to pick up my animal before 5:00 pm, I will be charged a boarding fee of \$20.00 per animal.

Sign: _____ Date: _____

Please select any vaccinations or treatments you would like your pet to receive:

(All vaccines must be paid in full before they are administered)

DA2PPV Distemper, Adenovirus Type 2, Para Influenza, Parvovirus	\$15.00	<input type="checkbox"/>
Bordetella Kennel Cough	\$15.00	<input type="checkbox"/>
Rabies	\$12.00	<input type="checkbox"/>
Microchip	\$40.00	<input type="checkbox"/>
Heartworm Test	\$45.00	<input type="checkbox"/>
De-wormer for tapeworms	\$20.00	<input type="checkbox"/>
E-Collar "cone of shame"	\$5.00	<input type="checkbox"/>

Has your animal ever had a bad reaction to a vaccine? Yes ☐ No ☐

Is your pet on any medication at this time? Yes ☐ No ☐

If yes, what: _____



STAFF USE ONLY

Paid for Surgery? Yes ☐ No ☐

Paid for Vaccinations or Treatments? Yes ☐ No ☐

Staff Initials: _____



LIABILITY WAIVER

Date of Surgery: _____

Owners Name: _____ Primary Number: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Animals Name: _____ Canine ☐ Feline ☐ Male ☐ Female ☐

Age: _____ Breed: _____ Color(s): _____

LPCHS uses qualified staff and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death is always present. Carefully read and understand the following before you sign your name:

Acting as the guardian of this animal above, I hereby authorize LPCHS, through veterinarians designated by LPCHS, to perform an operation for sexual sterilization.

- I certify that my pet is in good health and has had no food since 12:00 a.m. on the evening prior to surgery.

- I understand that LPCHS has the right to refuse service to any animal that is deemed a health risk.

- I understand if my animal is deemed to be older than stated above, LPCHS has the right to refuse surgery.

- I understand that the operation presents some hazards and that injury or death may be a result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

- I understand that some factors significantly increase surgical risk, including but not limited to: pregnancy, heat, advanced age, and disease such as FIV, FeLV, and heartworms.

- I understand that serious complications can occur as a result of this surgery, including but not limited to: bleeding, nerve damage, bowel or urinary problems, blood clots, heart attack, allergic or other reactions to drugs or anesthetics, pneumonia, inflammation, and adhesions.

- I understand that individual pets may respond differently to anesthesia and because of the stress of a surgical procedure, unexpected reactions may occur. These include allergic reactions, abnormal sensitivities, and the absence of regulatory mechanisms in some pets. Such complications are unpredictable, and in rare cases, may cause death.

- I understand that during the performance of these procedures, unforeseen conditions may occur, and I give my consent for the performance of such procedures as deemed necessary in the professional judgment of the veterinarians.

- I understand that if I don't retrieve my pet at the agreed upon time, LPCHS will exercise its right to adopt the pet out after five days of no contact, authorized by Colorado law. If I do not retrieve my pet at the agreed upon time, I will be charged a boarding fee of \$20.00 per night.

- I have been informed and understand that there are risks inherent in any type of surgery and that in some cases, my pet may die or suffer serious effects during or after surgery. Knowing these risks and the dangers associated with surgery, I hereby release and discharge LPCHS, its employees, agents, representatives, officers and directors from any and all actions, claims, damages, loss of services, expenses and compensation on account of the surgical services to be performed and authorized by this form.

Print Name: _____

Sign: _____ Date: _____