



412F N Sam Houston Parkway E; Houston, TX 77060
Services provided by Adopt A Cat, Inc.

Patient Information (Rabbit)

Animal Owner/Agent Info:

Your First Name: _____ Your Last Name: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
County: _____ Email: _____
Phone No for TODAY: _____ Alternate Phone No: _____

Animal Info:

Animal Name: _____ Sex: Male Female
Breed: _____ DOB/Age: _____
Color/Description: _____

For Internal Use Only

_____ % _____ Discount
Amount Collected at Check In: \$ _____ Type: Credit / Cash / Gift Certificate Initials: _____
Volume Client: _____ Voucher #: _____
Total Due at Check Out:
Total Due: \$ _____ Type: Credit / Cash / Gift Certificate Initials: _____
Total to be billed to Volume Client: \$ _____

Pet's Name: _____

Owner's Name: _____

Surgical Release Form (Rabbit)

Spay/Houston uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or 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 Spay/Houston, 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 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 in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.

I certify that my animal is in good health.

I understand that Spay/Houston has the right to refuse service to any animal to whom surgery is deemed a health risk and that a **\$25** exam fee will be assessed if the animal is rejected for surgery.

I understand that Spay/Houston will perform a brief physical examination before surgery is performed. I also 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 disease.

I understand that if my animal is pregnant, the pregnancy will be terminated.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of **\$25**.

I understand that if my animal has an undescended testicle ("cryptorchid"), it will be removed at time of surgery at an additional charge of **\$50**.

I understand that in some cases, the veterinarian may recommend a prescription drug for a preexisting condition or to help prevent post operative complications such as swelling and infection. If my pet should require a prescription, I will be responsible for paying for it. Spay/Houston prescriptions are **\$10-\$20 each** depending upon the type medication and weight of the animal. If I refuse the recommended prescription(s), I assume responsibility for any and all post surgical complications.

I understand that I am responsible for monitoring the surgical site and not allowing my pet to lick or chew. I understand that I should keep an Elizabethan collar on my pet until the surgical site has healed (approximately 10 days.)

I understand that if I don't retrieve my pet at the agreed upon time that Spay/Houston will exercise its right to either turn the animal over to the nearest humane organization or dispose of as deemed just and proper as allowed by the State of Texas.

Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$25 per night. Owners will be assessed a \$25 late fee if more than 30 minutes late for pick up. Pick up for rabbits is 2:45pm unless otherwise instructed.

I hereby release the Adopt A Cat, Inc., Spay/Houston, 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 vaccinations. I agree that I have not and will not claim any 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. Owner/ agent hereby agrees to indemnify and hold Adopt A Cat, Inc./DBA Spay/Houston harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Signature or Owner/Representative

Date

Pet's Name: _____ Owner's Name: _____

Sex: Male Female Rescue Group: _____

Voucher #: _____

Services Requested (Rabbit)

I am requesting the following services in addition to spay/neuter surgery:

Skin Scrape - \$15 Flea Prevention - \$12 Microchip - \$30 Nail Trim - \$10

Other: _____

**Oral Pain Medication is vet recommended. All cats receive a 24 hour NSAIDs injection during surgery.*

Would you like to donate to help homeless animals? \$1 \$5 \$_____ No Thank You

For Internal Use Only – Treatment and Care

Running Tech: _____ Prep Tech: _____ Surgical Tech: _____

Date: _____ Vet: _____ Weight: _____ lbs Est Age: _____

The following additional services were performed:

Metacam Advantage Nail Trim Microchip Skin Scrape: _____

Other: _____

Concerns:

Over/Underweight Ear Concerns Skin Abnormalities Tapeworms Dental Concerns Fleas/Ticks

Other: _____

<input type="checkbox"/> Spay	<input type="checkbox"/> Already Spayed	<input type="checkbox"/> In Heat	<input type="checkbox"/> Lactating	<input type="checkbox"/> Postpartum Friable	<input type="checkbox"/> Pregnant _____
<input type="checkbox"/> Neuter	<input type="checkbox"/> Already Neutered	<input type="checkbox"/> Cryptorchid	<input type="checkbox"/> Hernia Repair		_____ Wk Gestation

SPAY					
Ventral midline incision, ovarian pedicles:	<input type="checkbox"/> instrument tie	<input type="checkbox"/> Millers	<input type="checkbox"/> transfixation	<input type="checkbox"/> circumferential	Suture _____
Uterine stump:	<input type="checkbox"/> circumferential	<input type="checkbox"/> Millers	<input type="checkbox"/> transfixation		Suture _____
Abdominal closure:	<input type="checkbox"/> simple interrupted	<input type="checkbox"/> cruciate	<input type="checkbox"/> Simple Continuous		Suture _____
Subcutaneous closure:	<input type="checkbox"/> simple continuous	<input type="checkbox"/> simple interrupted	Intradermal closure:	<input type="checkbox"/> mattress	Suture _____
Skin closure:	<input type="checkbox"/> surgical glue		<input type="checkbox"/> staples		
NEUTER					
Skin incision:	<input type="checkbox"/> pre-scrotal	<input type="checkbox"/> scrotal	Technique:	<input type="checkbox"/> closed castration	<input type="checkbox"/> open castration
Cord ligation:	<input type="checkbox"/> instrument tie	<input type="checkbox"/> circumferential	<input type="checkbox"/> Millers	<input type="checkbox"/> transfixation	Suture _____
Sc/skin closure:	<input type="checkbox"/> simple continuous	<input type="checkbox"/> simple interrupted	<input type="checkbox"/> intradermal mattress		
	Suture _____	<input type="checkbox"/> surgical glue	<input type="checkbox"/> staples		

_____ cc KDT: IM	_____ cc Penicillin G Procaine: IM	_____ MI LRS/Saline: IV SQ
_____ cc Antisedan: IM IV	_____ cc Combi-Pen: SQ	_____ cc Glycopyrrolate (0.2mg/mL) IV IM
_____ cc Meloxicam: SQ IM	_____ cc Ampicillin (250mg/ml) SQ	_____ cc Epinephrine IV IC IM SQ IT
_____ cc Buprenorphine (0.3mg/ml): SQ IM TM	_____ cc Cefazolin (100mg/ml): SQ IV	_____ cc Atropine: SQ IV IT
_____ cc Euthasol: IV IC IP	_____ MI LRS w/ 0.25% Dextrose: IV SQ	Other: _____

S: BAR Abnormal Notes: _____

O: PE = WNL Abnormal _____

A: Surgical Candidate = Yes No _____

P: Surgically Sterilize = Accept Decline _____

Rx _____