



Santa Maria Valley Humane Society
1687 W. Stowell Rd. Santa Maria, CA 93458
805-349-3435 * 805-349-0066 fax * www.smvhs.org

Spay/Neuter Clinic Consent Form

DOB _____ Driver's License # _____

Phone# _____ Emergency phone # _____

Pet PARENT Name _____

Address _____

City _____ Zip Code _____

Email _____

Pet's Name _____ Male _____ Female _____ Age _____ Dog _____ Cat _____

Breed _____ Color _____

Is your pet sick: _____ On medication _____ Had any past medical problems _____

Consent Form and Waiver

I authorize the Santa Maria Valley Humane Society to sterilize my (dog/cat) and agree to pay the established price. I waive any/all claims for damages against the Santa Maria Valley Humane Society, its employees, contractors, and officers in the event of injury or death to my animal. I accept responsibility for the care of my animal following its release from the clinic. I agree to be bound by the following rules and regulations:

- 1) I understand that due to the nature of the spay procedure, pregnancies are **terminated** during the course of surgery.
- 2) **I understand that if my dog/cat is pregnant or in heat, an additional charge will apply based on surgical involvement and the size of my animal.**
- 3) **Cryptorchid males (when one or both testes remain inside the body) will be charged an additional fee based on surgical involvement and the size of my animal.**
- 4) I understand that **all dogs will require an e-collar** to inhibit licking/scratching at the surgical site. The charge for this collar is: Small - \$5.00 Large - \$10.00. Tax applies on e-collars.
- 5) I understand that animals deemed overweight will be operated on at the discretion of the vet, and an additional fee may be assessed.
- 6) **I understand that SMVHS is NOT responsible for post-surgical complications and that if any complications arise, I will have my animal treated by my own veterinarian or emergency veterinarian at my expense.**

_____ *(please initial)*

FOR FEMALE ANIMALS ONLY: To avoid unnecessary future surgeries, a **SPAY TATTOO** can be placed on the abdomen **at no additional charge**. Would you like your pet to have a tattoo? Please mark choice: *Yes* _____ *No* _____

FOR ALL MALE ANIMALS: With all neuter surgeries, we remove the testicles, **not** the scrotum.

The attending surgeon has the right to refuse service to any animal.

The scheduled check in time is 7:30am unless stated otherwise by staff. Appointments arriving after 8am are subject to a \$20 late fee. Pick up is at 3:30pm or 4pm. From 5-5:59pm, a \$40 late fee will be applied. Beginning at 6pm, a \$60 overnight fee will be applied. I have read and understand this waiver in its entirety.

Signed _____ Date: _____

>>>>THIS IS A TWO-SIDED FORM<<<<



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Additional Services offered (*plus sales tax*)
 Please mark appropriate choice with an "X"

MICROCHIPPING

\$20_____

VACCINATIONS

DOGS

\$12.00 Rabies _____
 \$18.00 DHPP _____
 \$18.00 Bordetella _____
 Licensing _____

(for licensing, must have proof of rabies and be a resident of Santa Barbara County. Please ask about pricing)

CATS

\$12.00 Rabies _____
 \$18.00 FVRCP _____
 \$18.00 FeLV _____
 \$20 FeLV Test _____

\$5.00 Pain Medication _____
(for multiple cats, pain medication is \$2.00 each after first cat)

\$7.00 E-Collar _____

PUPPY

\$23.00 DHPP + Roundworm _____

KITTEN

\$23.00 FVRCP + Roundworm _____

The following services are available. Please mark either "YES" or "NO":

Flea treatment, We'll be happy to go over your options. Yes____ No____

Worm treatments:

Tape worm injection, praziquantel. Price dependent on weight Yes____ No____

Round worm treatment, one dose of pyrantel. Price dependent on weight Yes____ No____

For Office Use Only

Staff comments:

Call Back

Date: _____ Time: _____ Comments: _____
