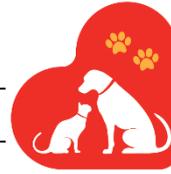


PATIENT ADMITTING FORM



Santa Maria Valley

Humane Society

Client Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Email: _____

Pet's Name: _____ Species: Dog / Cat Sex: Male / Female

Age: ___ Altered: _____ Breed: _____ Color: _____

CONSENT FOR TREATMENT OR SURGERY:

I, being of legal age and responsible for the animal described above, have the authority to grant Santa Maria Valley Humane Society, its staff members or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that Santa Maria Valley Humane Society, its staff members and agents will not be held liable or responsible in any manner and I assume all risks and all costs.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I understand and consent to placement of an identification tattoo near the incision site for all spay/neuter procedures. I further understand that all feral cats will be subject to ear notch identification.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by Santa Maria Valley Humane Society. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

Client Signature _____

Date _____

Telephone Number Today _____

D.O.B. _____

CLINIC USE:

INTAKE EXAM: _____ WEIGHT: _____ TEMP: _____

PRE-ANESTHETIC: _____ ANESTHETIC: _____

TIME: _____ HR: _____ RESPIRATION: _____ CRT: _____ O2: _____ ISO: _____

MEDICATIONS: _____

VETERINARIAN NOTES: _____

CLIENT INSTRUCTIONS: _____

TAG NO: _____ MICROCHIP NO: _____ VETERINARIAN: _____

SURGERY

- Spay
- Neuter
- Dental
- Other

VACCINATIONS

- Rabies – 1 Year
- Rabies – 3 Year
- Da2PP
- Bordetella
- Lepto
- Influenza
- Purevax Rabies
- FVRCP
- FeLV

OTHER SERVICES

- Exam
- Microchip
- FeLV / FIV Test
- HW Test
- Lyme Test
- Parvo Test
- CBC
- Chemistry
- Urinalysis
- Cytology
- Fecal
- Skin Scrape
- Deworm
- Nail Trim
- Ear Cleaning
- Anal Glands

MERCHANDISE

- HW Prevention
- Flea Prevention
- Deworming
- Otics
- Ophthalmics
- Dermatoligcs
- Dental Products