

**Hornell Area Humane Society**

7649 Industrial Park Rd, Hornell, NY 14843

**Was your pet adopted from us?**

Name of Animal at Shelter \_\_\_\_\_

Date: \_\_\_\_\_ Owner/Agent name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number (where you can be reached immediately): \_\_\_\_\_

Animal name: \_\_\_\_\_ Species (circle): dog cat

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Date of last vaccinations: Distemper combo: \_\_\_\_\_ Rabies: \_\_\_\_\_ 1 3 year

**Patient information – Please fill out:**

What time did your pet last have food/water? (Day before surgery) Date: \_\_\_\_\_ Time: \_\_\_\_\_

How long have you had this animal? \_\_\_\_\_

Has this pet ever had puppies/kittens? If yes, when was the last litter: \_\_\_\_\_

Is there a possibility this pet has been spayed/neutered or could be pregnant? \_\_\_\_\_

If you have a female pet, when was the last time she was in heat? \_\_\_\_\_

Has this pet ever had a reaction to vaccinations or anesthesia? \_\_\_\_\_

Is your pet on any medications? If yes, list them: \_\_\_\_\_

Has your animal bitten anyone in the last 10 days? \_\_\_\_\_

Has this pet shown signs of illness in the last week such as coughing, sneezing, vomiting, diarrhea, seizures, or been diagnosed with any contagious or life threatening disease(s) or congenital disease(s) such as a heart murmur? If yes, list them: \_\_\_\_\_

**Clinic use only**

Surg. Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

Physical Exam notes: \_\_\_\_\_

Anesthesia: \_\_\_\_\_

Pain med: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Surgery notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR MEDICAL PROCEDURE(S) – PLEASE READ, INITIAL AND SIGN**

**We strongly recommend your pet visit your regular veterinarian for a thorough physical exam, to discuss your pet's care, and to have all recommended testing performed prior to surgery. Our medical staff will examine your pet prior to surgery however we still recommend following the recommendations of your regular veterinarian. By signing this form you are acknowledging that you have either had your pet examined and tested as recommended prior to surgery, or that you are waiving the right to do so, and both acknowledge that your animal may be at increased risk of contracting disease or occurring illness or death due to anesthesia or the surgical or medical procedures and that you understand and accept these risks and will not hold the staff associated with the Hornell Area Humane Society liable for such outcomes.**

\_\_\_\_\_ I, being of legal age (18) and lawfully authorized to make decisions for this animal authorize and give my consent to the Hornell Area Humane Society and its agents to receive, transport, prescribe for, treat, and/or perform sterilization surgery and vaccination to this animal.

\_\_\_\_\_ I understand that modern techniques will be used and trained staff will care for my animal, and reasonable precautions will be used against injury, escape, illness and death or the animal. It is thoroughly understood by me that the Hornell Area Humane Society, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume and understand all risks involved with the procedures my pet will receive.

\_\_\_\_\_ If a condition is discovered that requires medical attention or and additional procedure such as the administration of intravenous fluids or medications, the veterinarian may in his/her discretion, perform such procedure. I consent to these procedures and agree to pay any reasonable additional charges, if any.

\_\_\_\_\_ I understand that the medical staff 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 that my animal will receive a small tattoo to indicate he/she has been sterilized.

\_\_\_\_\_ I understand that my animal must be picked up from the shelter at the time designated by the staff on the day of surgery. If I do not claim the animal, I will be charged a boarding charge not less than \$20/day. If the animal is not picked up in the time accordance with the law, the animal will be considered abandoned and become property of the Hornell Area Humane Society and I will be responsible for boarding charges until that time.

**I, the owner/agent for this animal, understand that this is a legal document; have read it carefully; and fully understand its content. By my signature below, I give my informed consent to all of its terms.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_