STERILIZATION AUTHORIZATION AND RELEASE

Please initial beside each paragraph then sign and date the bottom of the release form

____ **I understand that the surgery involves the use of anesthetics and drugs, and that injury to or death of such animal(s) may conceivably result from the surgery and accompanying procedures. I understand the risks involved with the surgery and agree that the attending veterinarian and his/her staff will not be held liable or responsible in any manner for any complications that may arise during the surgery or result from the surgery. If the animal dies as a result of the surgery, I further authorize the attending veterinarian to dispose of the remains in accordance with the requirement of law and the policy of this clinic. Animal Protection League's (APL) policy is to contact the owner.**

____ I understand and acknowledge that the following conditions may increase the likelihood of complications or death after surgery and I hereby assume full responsibility (financially and otherwise) for the consequences arising there from:
*dogs in heat *animals suffering from worms, leukemia or other diseases or injuries
*surgery performed during advanced stages of pregnancy *surgery performed on an animal that is increased in age

____ I understand that the attending veterinarian has the right to refuse to perform surgery in any instance where he/she believes that the surgical procedure would jeopardize the health of the animal. I also understand and acknowledge that the APL may refuse to accept any animal if it is the opinion of the veterinarian that acceptance could jeopardize the safety of any other animal or human.

____ **TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS ANIMAL HAS NOT BITTEN ANY PERSON DURING THE PAST 15 DAYS PRECEDING THIS DATE.**

____ I certify that my animal has had no food for at least ten hours prior to surgery **(applies to morning check-in only).**

____ I understand that it takes at least ten days for vaccinations to be effective on my pet. If I have not vaccinated my pet at least ten days prior to this date, I understand that my pet may not be protected. I understand that if I am having my pet vaccinated today, that he/she will not be protected until at least ten days after this date. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of the operation, the treatment of my animal by any means, or the confinement of my animal with other animals on the premises.

____ **I AGREE TO PAY FOR ANY UNANTICIPATED EXPENSES INVOLVING THE PROCEDURE OR AFTER CARE OF MY PET(S); LICK DAMAGE TO INCISION, FLUIDS, ANESTHETIC COMPLICATIONS, ANTIBIOTICS, BLOOD TRANSFUSIONS, EMERGENCY DIAGNOSTICS, ETC. I ALSO UNDERSTAND THE PROCEDURE FOR EMERGENCY AND AFTER CARE AS FOLLOWS: CALL OUR EMERGENCY LINE 903-348-9674. IF I CHOOSE TO USE ANOTHER VETERINARIAN'S SERVICES REGARDING SURGERY RELATED CARE, I WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED**

____ In case of an abandoned animal, written notice to remove the animal will be mailed to me. Twelve days after written notice, the animal becomes property of the APL and will be handled in accordance with the guidelines set by the Texas Board of Medical Examiners. It is understood that this does not relieve me from paying all costs for the service performed under the terms of this agreement. I agree to pay promptly all charges incurred by such care including boarding fee.

____ I understand that the APL is not in any way associated or affiliated with the attending veterinarian or any person, party, or association with whom or with which he/she may be associated or affiliated. I understand that the attending veterinarian will perform the sterilization surgery on premises leased by the APL. **APL does not sponsor the attending veterinarian and does not exercise control over any procedures performed by the attending veterinarian or his/her staff, nor does it exercise any control of any treatment or care provided the animal by the attending veterinarian or his/her staff.**

____ I hereby release the APL and all officers, directors, employees, and members of the APL from any and all claims arising from this operation or procedure, or from any act by, or omission on the part of the attending veterinarian, his/her staff or associates, **EVEN IF SUCH ACT OR OMISSION IS DEEMED NEGLIGENCE ON THE PART OF THE APL, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND MEMBERS.**

____ As owner of the pet(s) described on the questionnaire form, I hereby request and authorize the attending veterinarian to perform the surgery and any other treatments necessary to accomplish sterilization of said animal(s). **If my male dog or cat is crypt orchid (testicle(s) not dropped), there will be an extra charge.**

____ **If my pet is increased in age, I understand that he/she is considered a high-risk surgery.** APL suggests that I take my pet to a full-service veterinarian clinic for blood work. This can diagnose any underlying conditions; i.e., kidney, liver, etc. I understand that the APL does not perform routine blood chemistry.

____ **I understand that my pet will receive a small tattoo on their abdomen during their surgery to indicate they've been sterilized**

Signature: _____ **Date:** _____

OFFICE USE ONLY
PAID (CIRCLE ONE) CASHIER - _____ **TAP TO PAY – Y / N**
VISA / MC / DISC / AMEX / CASH $_____
LAST 4 DIGITS OF CARD –

ACCT#_____ **PLEASE PRINT CLEARLY**

How did you hear about us (circle one)? Repeat Client Friend Radio Flyer Newspaper Other_____

Owner's Name: _____ **E-Mail Address:** _____

Owner Phone: _____ **EMERG#:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

PET NAME	DOG /CAT	BREED	COLOR	M/F	AGE	WAS PET A STRAY?

If you have concerns about your pet's health or ability to survive surgery, we suggest you take your pet to your local, full service veterinarian for blood work and a health evaluation

**** All dogs will wear an e-collar for at least 14 days. Animal Protection League will not be liable for incision repair/antibiotics due to lick damage. The e-collar will help prevent lick damage, but is not a guarantee.**

The APL wants to share your furry friends with our friends online via Facebook. If time permits and we snap a photo of your pet, please initial here if you give us permission to share those photos online: _____

APL offers additional post op pain medication (3 day supply / $20). Initial if you would like to take this home today _____

DOGS – Is your dog on heartworm prevention? YES NO If YES, what kind? _____

CATS – If the tech finds tapeworms ($15) and/or earmites ($5), do you want your pet treated? YES NO

DOG VACCINATIONS

Rabies - $15.00
Distemper/Parvo - $18.00
Bordetella - $18.00
Package (all 3) - $40.00
Lepto $15
Deluxe Package (all 4) - $50

ADDITIONAL FOR DOGS

Basic Wormer - $5.00
Drontal Wormer - $15-30/pill
Heartworm Test - $20.00
Nail Trim - $5.00

HEARTWORM PREVENTION

Triheart:	Single dose	6 pk
1-25 lbs	$8	$35
26-50 lbs	$9	$40
Over 50 lbs	$10	$50

Interceptor Plus:	Single ds	6 pk
2-8 pounds	$12	$50
8-25 pounds	$12	$50
25-50 pounds	$13	$60
50-100 pounds	$15	$70

ADDITIONAL FOR BOTH

Microchip - $30.00*
*Includes lifetime registration fee

CAT VACCINATIONS

Rabies - $15.00
Feline Distemper - $18.00
Feline Leukemia - $20.00
Package (all 3) - $40.00

ADDITIONAL FOR CATS

Basic Wormer - $5.00
Profender Dewormer - $20
FIV / Leukemia Test - $35.00
Nail Trim - $5.00
Earmite Treatment - $5.00

HEARTWORM & FLEA PREV.

Simparica Trio:	Single dose	6 pk
2.8-5.5 lbs	$35	$155
5.6-11.0 lbs	$36	$158
11.1-22.0 lbs	$37	$162
22.1-44.0 lbs	$38	$168
44.1-88.0 lbs	$39	$172
88.1-132 lbs	$40	$175

FLEA PREVENTION – CATS

Revolution:		Bravecto(3mo)
1 dose	$30	1 dose $70
6 pack	$150	

FLEA/TICK PREVENT-DOGS

NEXGARD 1 MONTH		BRAVECTO 3 MONTH	
4.4-9.9 lbs	$26 pill	4.4-9.9 lbs	$71
10-24 lbs	$27 pill	10-22 lbs	$72
24-60 lbs	$29 pill	22-44 lbs	$73
60-129 lbs	$30 pill	44-88 lbs	$74
*		88-123 lbs	$75

Animal Protection League

*PET OWNER: COMPLETE ALL INFORMATION IN **BOLD** LETTERS.*
*YOUR PET **CANNOT** BE SEEN UNTIL THIS FORM IS COMPLETED.*

If you have concerns about your pet's health, we suggest you take your pet to your local, private practice veterinarian for blood work and a health evaluation

Date: _____ **Circle one:** Dog Cat

Owner Name: _____ **Sex:** Female Male

Pet Name: _____ **Age:** _____

Reason for visit today: _____

Has this pet shown any signs of illness in the past 2 weeks? Yes No

Does this pet have any chronic illness or is this pet currently being treated for any conditions? Yes No

If yes, please list: _____

Is this pet coughing, sneezing, lethargic, or having diarrhea? Yes No

Has this pet had any significant weight gain or weight loss? Yes No

Has this pet EVER had a seizure? Yes No **Has this pet EVER had a reaction to vaccines?** Yes No

Could this pet be pregnant? Yes No **Is this pet currently nursing puppies/kittens?** Yes No

Is pet on flea prevention? Yes No **Is pet currently on Heartworm prevention?** Yes No

Any other information regarding your pet that we should know about? _____

_____

For veterinarian use only:

Weight_____ Temp_____

Patient appears healthy for surgery ☐ Yes ☐ No

Dr's Notes:

Your pet is visiting us today! Checkout time is at **3PM** and staff will be leaving at 3:30PM. **Late fees start at 3:15PM at $20 per pet and accumulate every 15 minutes.** If you have not picked your pet up by the time the staff leaves location, your pet will be going home with a staff member to care for your pet overnight as APL does not offer boarding services per City of Longview ordinance. If you did not pick up your pet, you will be responsible for making arrangements to do so the following day at the Longview office at 1604 State Hwy 31 E. **An overnight boarding fee of $50 per pet will be added each night a staff member has to care for your pet(s) overnight.** If arrangements are not made, APL will be forced to send a certified letter regarding animal abandonment, charges will be filed, and APL will be forced to surrender your pet to the local animal shelter.

By signing this, I confirm I am fully aware of the checkout time regarding my pet, the consequences regarding not picking my pet up on time, and that I am solely responsible for any fees regarding services rendered as well as late/boarding fees. If my pet is abandoned and as a result, surrendered, I am still financially responsible for fees accrued.

Signature: _____

Date: _____

PYOMETRA

In its simplest terms, pyometra is an infection in the uterus. Infection in the lining of the uterus is established as a result of hormonal changes that the uterus goes through during each estrus (or heat cycle). The only way to treat pyometra is through a spay AND antibiotics.

If we determine that your cat or dog has pyometra (because the surgery is more complicated than a routine spay), there will be an extra charge-- $25, PLUS, the REQUIRED antibiotics ($25-35).

By signing this, I confirm that I am aware of the extra charges and antibiotics that are required to treat my animal for pyometra and are responsible for those at the time of pick up.

Signature: _____ Date: _____

Animal Protection League

Client Consent to Services

Lifestyle Questionnaire - I acknowledge that I have reviewed/completed the lifestyle questionnaire for my pet, I am at least 18 years of age, and I am responsible for the services selected/not selected for my pet.

Vaccination Information - I understand that vaccinations and parasiticides will substantially reduce, but may not completely eliminate, my pet's chances of contracting or controlling the illnesses or parasites we are trying to prevent.

Side Effects - I understand that there is a possibility that my pet may develop side effects after receiving vaccinations and/or administration of parasiticides and that these side effects are usually minor and resolve without need for additional veterinary care. Common side effects may include - lethargy/depression/drowsiness, decreased appetite, limping/soreness over vaccination site, antisocial behavior, small swelling at/over vaccination site.

NORMAL SIDE EFFECTS FROM VACCINES	ALLERGIC REACTIONS FROM VACCINES - ER VISIT NEEDED
Fever	Excessive vomiting(repeatedly/does not stop)
Lethargy	Excessive diarrhea (repeatedly/does not stop)
Localized swelling of the injection site	Extremely pale or white gums
Localized tenderness of the injection site	Collapse or inability to get up
Short term drooling after oral meds	Facial swelling- thick lips(jowls), puffy eyes
Lack of appetite(should not exceed 24hrs)	Hives(usually paired with another reaction)

If you are concerned by any behavior or symptom your pet exhibits after the administration of a vaccination or parasiticides, contact us at (903) 753-7387. If symptoms persist for over 48 hours, please contact your regular/private practice veterinarian. It is recommended that I report any suspicious symptoms/reactions so they can be properly recorded and monitored. I understand that should my pet develop any severe reaction or symptom that is concerning to me emergency veterinary care may be necessary and it is my financial responsibility to seek care at the nearest veterinary facility.

Heartworm Testing and Prevention - ***I understand that the American Heartworm Association (AHA) recommends heartworm testing prior to starting heartworm prevention, retesting 6 months later, and annual heartworm testing thereafter. I also understand that if any heartworm prevention dose is missed, delayed, or administered improperly, my pet may become infected with heartworms and should be retested 6 months after the lapse. I acknowledge that failure to administer heartworm prevention exactly as directed may result in my pet becoming heartworm positive, and I accept all risks and responsibility associated with declining recommended testing and/or prevention.***

I understand that my pet's negative heartworm test result is valid for 30 days and that heartworm prevention must be started or continued within that time. Annual heartworm testing is required to purchase heartworm prevention through Animal Protection League and to help ensure the prevention is effective. I understand that I may obtain heartworm prevention through Animal Protection League or my regular/private practice veterinarian. I agree not to administer heartworm prevention without a current negative heartworm test result and understand that heartworm prevention will not be dispensed if my pet tests positive today. I further understand that Animal Protection League does not authorize requests from third-party online pharmacies or provide written prescriptions. If I choose to obtain heartworm prevention elsewhere, Animal Protection League will provide a copy of my pet's heartworm test results for my records.

To the best of my knowledge, I confirm that my pet has no sign of disease unless disclosed in the lifestyle questionnaire, is not allergic to vaccinations/parasiticides, and is not pregnant. I have read and understand all of the provisions as well as the possible reactions and I have had the chance to ask any and all questions I have regarding the risks associated with services today that were recommended for my pet based on a discussion of my pets' lifestyle and risk. I agree to accept all risks of vaccinations/parasiticides and accept legal and financial responsibility for all charges incurred as a result of such risks. I further acknowledge that Animal Protection League or any of their veterinarians, director, staff, or any other individuals or entities associated therewith, will not bear any legal or financial responsibility for such risks and will not bear any legal or financial responsibility for any charges or losses incurred by me. By signing below, I hereby consent to proceed with the recommended Vaccinations, tests, and anti-parasite for my pet/s.

Client Signature: _____

Date: _____

Animal Protection League Post-Operative Instructions:

1. No food or water until 8:00 a.m. the day after surgery. A small amount of nausea or vomiting may be normal. Giving food/water too soon after surgery will encourage vomiting. That can lead to dehydration which can be serious.

2. Dogs and cats must be kept indoors after surgery. This will enable you to carefully monitor recovery and will prevent complications and possible death from exposure to outdoor temperature extremes. A small area such as a bathroom (with toilet lid DOWN), laundry room, or pet carrier is ideal. While your pet is processing the anesthesia (which can take 24 hours after surgery) they are unable to regulate body temperature.

3. Restrict your animal's activity for the next seven days. This means no wrestling with children or other pets. Do not allow running or jumping.

4. You should check the incision at least twice daily until healed. A small amount of blood seepage is normal immediately after surgery. The sutures used on your pet are internal and dissolvable. To dissolve the sutures, the body induces an inflammatory process to fight off the foreign material. In many pets, this inflammation around the internal stitches creates a thick, hard lump at the incision area. It is nothing serious, and it will disappear as the suture material is dissolved. It will take three to six months to completely dissolve. The main concern is to control the pet's licking of the incision. This licking can damage the incision itself.

5. If the incision should become dirty, gently clean the area with a cotton ball and hydrogen peroxide.

6. You must not allow your dog or cat to get wet for at least fourteen days after surgery. For this reason, bathing is also prohibited for at least two weeks after surgery.

7. **DO NOT GIVE ASPIRIN OR TYLENOL TO DOGS OR CATS FOR PAIN RELIEF, UNLESS SPECIFICALLY PRESCRIBED BY YOUR VETERINARIAN. TYLENOL IS TOXIC TO ANIMALS, AND ASPIRIN CAN BE DEADLY IF ADMINISTERED AFTER SURGERY. YOUR PET WAS GIVEN A LONG LASTING PAIN INJECTION. SINCE ANESTHESIA CAN CAUSE NAUSEA, WE DO NOT PRESCRIBE ORAL PAIN MEDICATIONS FOR RISK OF PET VOMITING THEM UP.**

8. If a female animal is spayed during her estrus cycle, she is still attractive to males for several days up to two weeks following her surgery and is still capable of mating. Although no possibility of pregnancy exists, you **MUST** keep her indoors and away from all male animals for at least two weeks. If a male breds her, the sutures can be torn and hemorrhaging can occur. This will be life threatening.

9. Male animals are still capable of breeding for 30 days or occasionally even longer after being neutered. Even though the testicles have been surgically removed, hormone levels remain in the bloodstream and viable sperm remain in storage canals for an extended period of time.

10. The recovery collar must be worn non-stop for at least fourteen days. Removing the collar too soon causes lick damage and that is our number one reason for surgery rechecks.

IF YOU HAVE QUESTIONS REGARDING YOUR PET'S CONDITION AFTER SURGERY, PLEASE CALL OUR OFFICE AT 903-753-7387, MONDAY-FRIDAY FROM 9-4. IF YOU HAVE AN AFTER HOURS, LIFE THREATENING EMERGENCY, PLEASE CALL OUR EMERGENCY NUMBER AT **903 440-1275**. IF YOU CHOOSE TO USE ANOTHER VETERINARIAN'S SERVICES REGARDING SURGERY RELATED CARE, YOU WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED.

SURGERY RECHECKS ARE FREE!