



INTAKE FORM

(PLEASE PRINT)

PO Box 811
Albany, KY 42602
Ph: 1-888-725-2269

Owner's Name _____ Date _____

Owner's Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Emergency Phone Number _____

Pet's Name _____ Dog Cat Male Female

Pet's Breed _____ Pet's Color(s) _____ Pet's Age _____ (mo or yrs)

Has your pet been to a veterinarian within the last 30 days? Yes No

If yes, what was the reason for the visit? Regular checkup Vaccines Sick or injured

If sick or injured, please explain _____

Does your pet have any current medical conditions (including coughing, sneezing, vomiting or diarrhea)? No Yes

If yes, please describe _____

Is your pet taking any medications, including any flea or tick treatments (given in the last 30 days), insulin, thyroid or steroids? No Yes If yes, please describe _____

Do you have proof of current Rabies Vaccination?

No It is mandatory that your pet receive a vaccination today.

Yes We will need to photocopy your vaccination certificate.

Included Vaccines & Services For Your Pet:

Spay or Neuter

Feline FVRCP Vaccine (4 way) or Canine DHPP Vaccine (5 way)

Rabies Vaccination (1 yr or 3 yr)

Pain Medication (lasting 24 hrs)

Form continues on the reverse side. Please do not write below.

For Office Use Only

Animal ID# _____

Owned

Shelter

Community Cat (Feral / Friendly) Ear Tip FeLV Test

Spay/Neuter Amt. Due _____

Additional Fees Due _____

Debit/Credit Card Fee _____

Donations _____

Total Collected _____ (Cash or Debit/Credit Card) _____ pd



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FURever Friends of Albany Spay and Neuter Clinic ("FFASNC") uses qualified staff 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. Please carefully read, and ensure you understand, all of the information of this agreement before signing your name:

- I, being lawfully authorized to make decisions on behalf of the pet named/described above (my "Pet"), hereby request and authorize FFASNC, including its affiliates and each of their employees, volunteers, veterinarians and/or other agents (collectively, "FFASNC Parties"), to receive, transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization of my pet.
- I certify that my pet has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards and risks to my pet which may result in post-operative infections or death. I understand that general anesthesia will be administered to my pet for surgery. I understand and accept these risks to my pet.
- I understand that my pet will receive vaccinations today for rabies and FVRCP or DHPP. If this is my pet's first time to receive vaccines, a booster in 2-4 weeks is strongly recommended.
- 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 understand, in particular, that if my pet develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that FFASNC and/or any FFASNC Party has the right to refuse any service and/or procedure to any pet for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on my pet when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after my pet has already been sedated or anesthetized. I understand that my pet will not receive pre-operative bloodwork at FFASNC. If I choose for my pet to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that if my pet is an acceptable surgical and /or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of my pet's gender and/or medical condition, including but not limited to, pregnancy. I understand if my pet is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent immediate medical treatment, I consent that the attending veterinarian may perform such treatment, or transport my pet to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where my pet has an open umbilical hernia, which may be repaired at the time of surgery without my further consent.
- I understand that if my pet is infested with fleas, FFASNC may, in its sole discretion, administer a flea product (including but not limited to Capstar, which effects of treatment last 24 hours), to my pet. I agree to pay the cost for this treatment when my pet is picked up from FFASNC.
- I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post surgery monitoring and care for my pet, including but not limited to, the care described in the *Post-Operative Instructions*. If I suspect my pet has any post operative complications, I agree to follow the *Post-Operative Instructions* that will be provided to me.
- I understand that I, or someone authorized by me, must pick up my pet from the location designated by the medical staff, and at the time designated by the medical staff of the day of the surgery and/or vaccination. I understand that, if I do not retrieve my pet at the designated time, my pet may be considered by FFASNC to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, FFASNC shall have discretion to deal with my pet as it deems appropriate, including, but not limited to, exercising its right to either turn my pet over to County Animal Control or dispose of my pet as deemed just and proper and as allowed by the State of Kentucky. I agree to pay a boarding fee of up to \$100 per night plus any related costs to medicate or provide for my pet.
- I understand and agree that the FFASNC and FFASNC Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on my pet and/or any vaccinations to be given to my pet, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if my pet becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of my pet. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including but not limited to fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I understand that my pet will receive a small tattoo on his/her underside to show that he/she has been sterilized.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THE AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND FFASNC, AND (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS IN THIS AGREEMENT.

SIGNATURE _____ DATE _____ INITIAL (When picking up) _____
(Received Post-Operative Instructions)