



SURGERY RELEASE

Date: _____

Owner's Name: _____ Pet's name: _____

Robinson's Rescue, Inc. uses qualified staffing 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 make sure you understand the following before initialing each line and signing your name below.

____ I, acting as owner or agent of the above-named pet, hereby request and authorize **Robinson's Rescue, Inc.**, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the aforementioned above-named pet.

____ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, because there is some risk in the procedure and the use of the anesthetics and drugs in providing this service.

____ I either certify that my animal has been vaccinated within one year prior to this date and waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it can take up to 2 weeks for vaccinations to protect my animal.

____ I understand the inherent risk of failing to maintain current vaccinations and waive all claims arising from or connected with the performance of this operation due to such failure.

____ I certify that my animal is in good health, has no pre-existing conditions, and has had **no food or water since 10:00 p.m. the evening before surgery.**

____ I certify that my animal is not 8 years of age or older. If my animal is older than 8 years, I understand that I will be required to provide proof of bloodwork (CBC and Chemistry) prior to surgery.

____ I certify that my animal is not currently on any medication, and has been off of any medications for at least 2 weeks.

____ I understand that Robinson's Rescue, Inc. has the right to refuse service to any animal for whom surgery is deemed a health risk.

____ I understand that Robinson's Rescue, Inc. will only perform a brief physical examination and that my animal will not receive pre-operative bloodwork, and I waive my right to have these services performed at a full-service veterinarian.

____ I understand that some factors significantly increase surgical risk, including, but not limited to: pregnancy, heat/estrus, and diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia, and heartworms.

____ I understand that if my animal is pregnant, the pregnancy will be terminated at the time of surgery and an additional charge of \$20 will be assessed.

____ I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery, and an additional charge of \$20 will be assessed.

____ I understand that if my animal presents with a condition that requires oral antibiotics, an additional charge of \$15 will be assessed.

____ I understand that if my male animal presents as a cryptorchid (with 1 or more undescended testes – subcutaneous, not abdominal), an additional charge of \$20 will be assessed.

____ I understand that if my animal weighs 60 lbs. or more, an additional charge of \$30 will be assessed. If my animal weighs 100 lbs. or more, an additional charge of \$40 will be assessed.

____ I understand that my animal may be the subject of photography/videography for non-profit or media use (e.g. educational, promotional, public service, or awareness purposes).

____ I understand that if I do not retrieve my pet at the agreed-upon time, **Robinson's Rescue, Inc.** will exercise its right to assess **a late fee of \$5 per 15 minutes past the agreed-upon retrieval time.** I further understand that if I cannot be reached by telephone regarding a late pick-up, **Robinson's Rescue, Inc.** will exercise its right to turn the above-named animal over to Caddo Parish Animal Services. Owners of pets surrendered to Caddo Parish Animal Services will be solely responsible for fees associated with reclaiming said pets.

I, the undersigned, hereby release Robinson's Rescue, Inc., all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising from or connected with the performance of this procedure or any adverse reactions to medications/vaccinations. I agree that I have not and will not claim any right of compensation from the aforementioned, or file action by reason of such sterilization, or attempted sterilization, or any consequences thereto. I further agree to indemnify and hold Robinson's Rescue, Inc. harmless for any damages caused by any unforeseeable events, including ire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Signature

Date

Please see reverse side to provide more information



PET INTAKE FORM

Date: _____

DOG

CAT

Owner Name:		Patient Name:	
Address:		Breed:	
City, State, ZIP:		Color:	
Phone Number:		Sex:	
PLEASE FILL THIS FORM OUT COMPLETELY			

How old is your pet? _____ How long have you had your pet? _____

If Female, when was your pet's last heat cycle? _____

Has your pet had a litter? _____ If yes, when? _____ Are they lactating? _____

When did your pet last have food or water? _____

Does your pet have any preexisting conditions? Please explain.

Is your pet on any medications OR has your pet had any injections in the last 30 days?

Has your pet ever been tested for heartworms? _____ If yes, when? _____

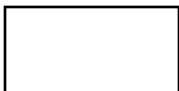
REQUESTED SERVICES:

- ___ Dog Spay \$68 ___ Dog Neuter \$58 ___ Cat Spay \$48 ___ Cat Neuter \$38
- ___ Rabies Vaccination \$10 ___ I have proof of prior Rabies vaccination
- ___ Hernia Repair \$20 ___ Pregnancy \$20 ___ Cryptorchid \$20
- ___ Nail Trim \$10 ___ Microchip \$10 ___ E-Collar \$6

Do you have a surgery voucher/SSNIP paperwork? YES NO

___ I would like to give a donation to Robinson's Rescue in the amount of \$___ Thank you!

How did you hear about Robinson's Rescue? _____



Please see reverse side to provide more information