

Office Use Only
 Program: _____
 ID: _____



Date: _____
 First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ (Cell or Home) Would you like to receive
 Email Address: _____ SMS text reminders?

I understand that AWA strongly recommends that all patients have at least one Distemper (DAPPv/ FVRCP) Vaccine and their Rabies Vaccination prior to surgery. If I cannot provide proof of prior vaccination, I give my consent to AWA to vaccinate my pet at the time of surgery and agree to pay for the vaccinations. Please Initial Here: _____

Pet's Name	Dog/Cat	Male/Female	Age	Breed	Color	Weight

Please Circle Requested Services:

Rabies Vaccine Distemper Vaccine (DAPPv/FVRCP) Bordetella Vaccine (Dogs) Ear Tip (Feral Cats)
 E-Collar Microchip Nail Trim FeLV/FIV Test Heartworm Test Heartworm 4Dx Test
 Flea and Tick Preventative _____ Heartworm Preventative _____ Other _____

Health Questions:

Medical conditions or medication? Yes/No **If yes, please describe:** _____
Has your pet ever seen a veterinarian? Yes/No **If yes, name of vet:** _____

Authorization for Surgery: I, the undersigned, acting as the owner/guardian of the animal named on this form, have read and understood this entire form and authorize the Animal Welfare Association (“AWA”) to anesthetize, surgically sterilize (spay or castrate) and provide other related medical care to my animal, including pain management and a tattoo in the form of a single 1/4” green line near your pet’s surgical incision, or in the case of male cats, on their belly. I certify that to the best of my knowledge my animal is in good health and has not eaten during the direct pre-operative period of time. I understand that there are inherent risks associated with anesthesia and surgery including, but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions, and death. I understand that the AWA will not preform any pre-operative blood or diagnostic test. I understand that my animal will be examined and evaluated as a surgical candidate by a veterinarian prior to surgery and will be externally monitored during the surgical procedure. **Fractious or aggressive animals may not be examined.**

Continue Authorization on Back Side

I will hold harmless the AWA, its veterinarians, technicians, officers, directors, volunteers, and agents for any problem experienced by my animal as a result of anesthesia and surgery. I further agree to hold harmless the animal shelter, animal welfare group, or humane society that may have scheduled the surgery.

If during the course of surgery a condition is discovered or occurs that requires immediate treatment, the attending veterinarian may, in his/her absolute discretion, proceed with any and all procedures necessary. I consent to these procedures and agree to pay for these procedures. I agree that I will be financially responsible for any post-operative medical treatment relating to the surgery or any other unrelated medical problem of my animal.

I have been informed that the AWA is not a 24-hour facility and if my animal needs to stay overnight there will not be a veterinarian or a technician in the building. I am aware that AWA's veterinarians are not always present in the building during normal business hours. I am aware that if my animal needs emergency or additional veterinary treatment related to a post-operative complication I may have to seek the services of a veterinary emergency hospital at my own expense.

* All animals spayed or neutered at our facility will receive a tattoo to indicate that they are sterilized.

Signature: _____

Date: _____

Print Name: _____