

Seattle Animal Shelter Spay and Neuter Clinic

2061 15th Avenue West, Seattle, WA 97119 • Telephone: 206-376-4260 • Fax: 206-376-4275 www.SeattleAnimalShelter.org

Instructions: To make a selection in the lists below, enter a checkmark in the space after the colon. For each prompt below, enter the information into the blank space after the colon.

Owner,s Name:

Date:

Address:

City:

Zip Code:

Primary Phone:

home/cell:

Alternate Phone:

home/cell:

Email address:

Pet,s Name:

• Dog:

• Cat:

• Rabbit:

Breed/ Color:

• Male:

• Female:

Age:

Is yojr pet microchipped? Yes, no, or unknown:

Do yoy want yojr pet microchipped? \$30 for microchip, yes or no:

Is yojr pet yp to date on vaccinations? Yes, no, or unknown:

Do you want your pet vaccinated today? (See vaccine descriptions on our website for information.) Instructions: Below there are two lists of vaccine options, one for dogs and one for cats. Enter Yes or No into the blank after the colon to make your selection(s).

Dog vaccines \$10 for each vaccine

- DA2PP, yes or no: _____
- Lepto, yes or no: _____
- Bordetella, yes or no: _____
- Rabies, yes or no : _____

Cat Vaccines \$10 for each vaccine

- FVRC, yes or no: _____
- FeLV, yes or no: _____
- Rabies, yes or no: _____

Do you wish to purchase an **E-collar (cone)** for \$10? Yes or no: _____

Cat / Critter **Cardboard Carrier** for \$6? Yes or no: _____

Has your pet ever had a **seizure**? **Yes or no:** _____

Explain: _____

What else should we know about your animal's **medical** or **behavioral** history?: _____

Were you **referred** by a veterinary organization? Which one?: _____

I have reviewed the pre- and post-operative surgery information made available to me via informational handouts and/or videos and have been given information on how to seek post-operative care if needed.

[Pre-Surgery Handouts](http://www.seattle.gov/animal-shelter/spay-and-neuter/pre-surgery-instructions) www.seattle.gov/animal-shelter/spay-and-neuter/post-surgery-instructions [Post-Surgery Handouts](http://www.seattle.gov/animal-shelter/spay-and-neuter/post-surgery-instructions) www.seattle.gov/animal-shelter/spay-and-neuter/post-surgery-instructions.

Instructions: For the prompt below, enter the information into the blank space after the colon.

Initials: _____

CONSENT, WAIVER, AND RELEASE OF LIABILITY FOR SURGICAL STERILIZATION

I am over 17 years old, an owner responsible for the animal described above and have the authority to sign this form. I grant the Seattle Animal Shelter Spay and Neuter Clinic and its staff members, volunteers, or agents my consent to receive transport, prescribe for, treat, administer anesthesia and/or perform sterilization surgery upon the animal described above. To my knowledge the animal is in good health.

The veterinarian and/or other staff member, volunteer, or agent has described the procedure(s) to be performed. I understand that anesthesia will be involved and that anesthesia, involves inherent risks, including but not limited to risks from side-effects, complications and a small risk of death. I understand that all surgical procedures involve inherent risks including, but not limited to: post-operative pain, skin irritations and abrasions, seromas (fluid buildup at incision site), infections, allergic suture reactions, incision dehiscence (opening or other failure), bleeding events and death.

I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such additional procedures as are deemed necessary in the veterinarian's professional judgment and discretion, including but not limited to hernia repair, the administration of IV fluids, treatments for allergic reactions, or emergency resuscitation. I accept responsibility for any result in additional charges (refer to Animal Shelter website for current charges). I understand that if any of the following conditions are discovered during pre-operative exams and/or during surgery the surgery will proceed at the discretion of the attending veterinarian and additional charges will be incurred by me and I consent to payment of these charges: in-heat status, obesity, retained testicles, infected uterus (pyometra), hernia.

I understand that sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand and consent that if my animal is pregnant the pregnancy will be terminated at the time of surgery.

I understand that the attending veterinarian can, in the exercise of professional judgment and discretion, refuse to perform the sterilization procedure and/or any related procedure for any reason.

I understand that a small permanent tattoo will be applied to the abdominal or inguinal region of my animal which is a universal sign of sterilization and will aid in future verification of surgery.

I understand that trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal.

I understand that all pre-and post-operative care is my responsibility. Post-surgical care instructions have been explained to my satisfaction and I agree to provide proper post-surgery monitoring and care for the animal, including seeking additional veterinary care where appropriate. I understand that I am financially responsible for such additional care.

RENDER OF ANIMAL IF NOT CLAIMED WITHIN 24 HOURS AFTER SURGERY:

I understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. I understand that if I do not claim the animal within 24 hours after surgery, the animal will be considered abandoned and the animal will be disposed of in accordance with the policies established by the Seattle Animal Shelter. I understand that once an animal has been abandoned, I

relinquish all ownership rights and I am responsible for any and all medical costs and boarding expenses.

GENERAL RELEASE AND WAIVER:

I consent to the procedure(s) being performed on my animal and all related activities and acknowledge that all risk is expressly assumed by me and all claims, whether known or unknown, are expressly waived. On behalf of myself, other owners, heirs, and assignees, I hereby release, discharge, agree to indemnify and hold harmless, the City of Seattle, Seattle Animal Shelter Spay and Neuter Clinic, its directors, officers, employees, volunteers and agents from any claims, causes of action and demands, whether known or unknown, arising out of or in connection with the procedure(s) performed on my animal and all related activities including without limitation other treatment and care given to my animal or the housing of my animal. I understand that this includes indemnifying and defending the City against any liability that may arise from the medical treatment of my animal, and/or any disputes related to ownership and/or custody of the animal. I understand that the Animal may receive treatment and/or surgery provided by a student veterinarian under direct supervision of a licensed veterinarian.

By signing below I certify that I have the authority to sign this agreement, I have read and I understand the terms of this agreement, that I consent to the procedure(s) on my animal, and mt questions have been answered to my satisfaction.

Instructions: For the prompt below, enter the information into the blank space after the colon.

Owner/Guardian Signature:

Date:

INCOME REQYIRE MENT

Please check the chart below to see if your income level (based on the number of people in your household) is below the 80% of AMI (Area Median Income) amount listed to qualify for our services. **You must meet the income qualifications in order to receive our services.**

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person |
|----------|----------|----------|-----------|-----------|
| \$70,650 | \$80,750 | \$90,850 | \$100,900 | \$109,000 |

By signing below I attest under penalty of perjury under the laws of the State of Washington that I qualify as a low_income applicant and that I meet the income requirements to receive care from the City of Seattle Municipal Animal Shelter Spay & Neuter Clinic.

Instructions: For the prompt below, enter the information into the blank space after the colon.

Owner/Guardian Signature:

Date:
