

H.O.P.E. for Animals
Low Cost Spay/Neuter Clinic
(260) 420-SPAY(7729)

Animal ID No

Date of Surgery

Admission Form

Owner/Agent's LAST Name	Owner's FIRST Name	Pet's Name	Name of person dropping off (if different than owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Breed	Color(s)	Age
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Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number (where we can reach you TODAY)	Mobile Phone Number	Email Address <small>(you may receive future mailings for satisfaction / statistical purposes)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your pet been to the vet in the past 12 months? Yes ___ No ___ Veterinarian/Clinic: _____

Does your pet have any current medical conditions (including coughing, sneezing, vomiting or diarrhea)? Yes ___ No ___ If yes please describe _____

Is your pet taking any daily medications (such as insulin, thyroid, or steroids)? Yes ___ No ___ If yes please describe _____

HOPE Spay/Neuter Clinic 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. Carefully read and understand the following before signing your name:

I, acting as owner or agent of the pet named above, hereby request and authorize HOPE Spay/Neuter Clinic, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
- 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 on my part.
- I certify that my animal is in good health and has had no food since midnight the evening prior to surgery.
- I understand that HOPE Spay/Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that HOPE Spay/Neuter Clinic may not perform a complete physical examination before surgery is performed.
- I understand that my animal will not receive pre-operative blood work, unless prior arrangements were made at additional charge, and waive my right to have this service performed prior to surgery.
- I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- I understand that if my animal is cryptorchid (testicles have not descended), pregnant, in heat, or over 100 pounds there will be an additional charge. If my animal has an open umbilical hernia it will be repaired at surgery for the same charge.

I understand that if I don't retrieve my pet at the agreed upon time that HOPE will consider the animal(s) abandoned pursuant to IC25-38.1-4-8. The animal(s) will be disposed of in accordance with the administrative guidelines within this state statute. Owners of pets left after the agreed time shall be charged a boarding fee of no less than \$15 per night.

I hereby release HOPE for Animals, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold HOPE for Animals harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

- May we photograph your pet today for possible advertising purposes? Yes / No (Circle One) _____ (Owner Initials) _____
- I certify that my animal is either current on their rabies vaccine, or receiving it today. _____ (Owner Initials)
- I certify that my animal is current on all other core vaccines, or waive my right to protect them by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to take effect. _____ (Owner Initials)
- I understand that my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized. _____ (Owner Initials)
- I would like to make a donation of (circle one): \$5.00 \$10.00 \$20.00 Other: \$ _____

Requested Cat and Dog Vaccines and Services

<input type="checkbox"/> Rabies Vaccine 1yr/ 3yr	<input type="checkbox"/> Felv/FIV Test \$25	<input type="checkbox"/> Canine Flu Vaccine \$22	<input type="checkbox"/> City Registration 1y/L
<input type="checkbox"/> Feline Distemper Vaccine \$16	<input type="checkbox"/> Canine DAPP Vaccine \$16	<input type="checkbox"/> Heart Worm Test \$12	<input type="checkbox"/> Cat Box \$5
<input type="checkbox"/> Feline Leukemia Vaccine \$18	<input type="checkbox"/> Canine DAPP/ Lepto Vaccine \$16	<input type="checkbox"/> Nail Trim \$5	<input type="checkbox"/> Trazodone \$10
<input type="checkbox"/> Ear Tip (ferals) _____	<input type="checkbox"/> Kennel Cough Vaccine \$16	<input type="checkbox"/> Microchip \$20	<input type="checkbox"/> Other: _____