



# North Bay and District Humane Society Pet Clinic

2060 Main St. W. North Bay, ON P1B 8K5

705-478-8233

## Admission Form



Date of Surgery: \_\_\_\_\_

Owner's first name: \_\_\_\_\_

Owner's last name: \_\_\_\_\_

Owner's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: (     )

Emergency/Alternate Phone Number: (     )

### Animal Information

Cat  Dog  Male  Female

Pet's Name: \_\_\_\_\_

Pet's Breed: \_\_\_\_\_

Pet's Colour(s): \_\_\_\_\_

Pet's Age (years, months): \_\_\_\_\_

**The North Bay and District Humane Society Pet Clinic (NBDHS Pet Clinic) uses qualified staffing & 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, & ensure you understand, the following before signing your name:**

- I being of legal age, and acting as owner or agent of the pet named above, hereby request and authorize the North Bay and District Humane Society Pet 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 I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
- I certify that my animal has received its first set of vaccines after the age of 4 months (cats- FVRCP, dogs-DA2PP) or is fully vaccinated. I understand that it takes up to 3 weeks for vaccinations to protect my animal.
- 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 that if my pet develops kennel cough after surgery, I am responsible for treatment at my own cost.
- I certify that my animal is in good health and has had no food since 8:00pm the evening prior to surgery.
- I understand that NBDHS Pet Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk, and the deposit will be forfeited.
- If a situation arises and I cannot be reached at the above phone number(s), I authorize the veterinarian to use his/her discretion and clinical judgment as to how to proceed.
- I understand that NBDHS Pet Clinic may not perform a complete physical examination before surgery is performed, and that my animal will not receive pre-operative blood work at NBDHS Pet Clinic. If I choose for my pet to have such blood work, I understand that it must be performed at a full-service veterinary clinic.
- I understand that my animal will be sent home with post-operative instructions, and that any illness or injury that arises from failure to follow said instructions will require treatment from 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 (FeLV), and heartworm.
- I understand that if my animal is pregnant, the pregnancy will be terminated at the time of surgery. I understand that if my pet is cryptorchid (testicles not descended and in scrotal sac) surgery will be cancelled and the deposit forfeited.
- I understand that surgery discharge time is between 3:00-4:00pm or as determined by the veterinarian, and that if my animal is not collected at this time a \$50 per night overnight fee will apply.
- I hereby release NBDHS Pet Clinic, all veterinarians, technicians, 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 NBDHS Pet Clinic 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.
- I understand that if active fleas are found on my pet he/she will be given a flea treatment and an additional \$15 fee will be due at pickup time

Initial:

All FEMALE pets will be given a small tattoo to indicate they have been spayed (often it is hard to tell if a female has been spayed, these tattoos tell veterinary professionals that yes in fact the animal has been sterilized). This tattoo is a 1 cm long, green line that will be beside the spay incision and is basically unnoticeable. There is NO FEE for this tattoo and we recommend that it be done. If you do NOT want your pet tattooed please specify so here:

I do NOT want my pet tattooed

**Requested Vaccines (BOOSTERS ONLY):**

- FVRCP+Leukemia Vaccine (cat-\$30)
- DA2PP Vaccine (dog-\$20)
- Rabies Vaccine (dog & cat-\$10)

**Additional Services**

- Microchip (\$20)
- E-Collar (\$15)

**My pet has been FASTED (Food was removed at 8pm last night and water at 6am today)**

**History:**

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Eating and drinking normally?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Normal bowel movements and urination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any ongoing vomiting or diarrhea?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any ongoing sneezing or coughing?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| On any medications?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please list names and doses: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Any evidence of past or present seizures?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any known reactions to vaccines or medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any concerns with itchiness?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any lameness?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FEMALES ONLY: Has your pet had a heat yet?  Yes  No

If yes, when did her last heat end? \_\_\_\_\_

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE CONDITIONS AND THAT ALL INFORMATION PROVIDED IS ACCURATE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date