



Santa Fe Animal Shelter & Humane Society
Spay/Neuter & Wellness Clinic
 2570 B Camino Entrada Santa Fe, NM 87507
 (505) 474-6422

English Version

SURGERY MEDICAL RECORD

Client Information (please print clearly)

How did you hear about us? _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: () _____ Alternate Phone: () _____

Animal Information

Pet's Name: _____ Breed: _____ Cat Dog Rabbit

Color: _____ Age: _____ years _____ months Male Female

CONSENT FOR SURGICAL STERILIZATION (Carefully read and understand the following before signing your name)

I acting as owner/agent of the pet named above, hereby consent and authorize the Santa Fe Animal Shelter & Humane Society doctors and staff to receive, prescribe for, treat and/or operate upon the animal described above. I am the owner or duly authorized agent of the animal mentioned above.

The hospital doctors and staff are to use all reasonable precautions against injury, escape or destruction of the animal, and perform all procedures in a professional manner in keeping with accepted standards of veterinary medicine. All aspects of the animal's case have been discussed with me and I understand the contents of this paragraph. With this in mind, I hereby release the hospital doctors and staff from further liability in this matter.

I am to be informed of any changes in the proposed care and treatment of the animal, as well as any change in the condition of the animal, except that if I can not be reached and an emergency situation exists. The hospital doctors and staff are to use sound medical judgment in the care of the animal. I am to be informed of the discharge date of the animal, and will be expected to pay all charges in full upon the dismissal of the animal. Should the animal be left in the hospital beyond the discharge date without prior arrangements, I understand that the abandonment procedures will be initiated as outlined by New Mexico State Law. I further understand that I will be fully responsible for all accrued charges until the animal is removed from the hospital or considered abandoned by New Mexico State Law.

- I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as FIV, FELV and heartworms. _____ (initials) I am aware that if my **dog** is found to be **in-heat** or **pregnant** during surgery I will be charged an **additional \$20.00**. I am aware that if my **cat** is found to be **pregnant** during surgery I will be charged and **additional \$20.00**. _____ (initials) I understand that the pregnancy will be terminated at surgery. _____ (initials)
- Pick-up time is between 3:30-4:30pm. The clinic closes at 5:00pm. I am aware that I will be charged a **late fee of \$30.00** for arriving after 4:30 pm to pick-up my pet. _____ (initials)
- The clinic **DOES NOT** board animals overnight. I am aware that if my animal is not picked up it will be transported to the Santa Fe Animal Shelter's main facility for overnight observation, and I will be charged an **additional fee of \$150.00**. _____ (initials)

Owner Signature _____

Date _____

Clinic Use Only

Surgery	Vaccinations	Tests	Other
Spay	Rabies 1yr 3yr	FeLV	Office Visit
Neuter	DA2PP 1 st 2 nd 3 rd Annual	FeLV/FIV	Microchip
In Heat	FVRCP 1 st 2 nd 3 rd Annual	Heartworm	Pain Meds
Pregnant	Bordetella	Pre-Sx Bloodwork	Heartguard
Cryptorchid	FeLV	Fecal	Nail Trim
Hernia	Current		Carrier
Other	Declined		Other