



# Rabbit Surgery - \$60

<b>Owner Name:</b>		<b>Patient:</b>	
<b>Address:</b>		<b>Breed:</b>	
<b>City, State, Zip Code:</b>		<b>Color:</b>	
<b>Best Phone Number Today:</b>		<b>Age:</b>	
<b>E-Mail Address:</b>		<b>Sex:</b>	
<b>Account # (if known):</b>		<b>Weight:</b>	

When did your rabbit eat last? (date & time) \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_ AM/PM

How old is your rabbit? \_\_\_\_\_ How long have you had your rabbit? \_\_\_\_\_

Has your rabbit ever been to a veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If yes, who is your regular veterinarian? \_\_\_\_\_

If FEMALE, when was her last heat cycle? \_\_\_\_\_ Has she had a litter? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ How many? \_\_\_\_\_

Is your rabbit on any medication or being treated for illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what medication and when was it last given? \_\_\_\_\_

Has your rabbit had previous surgery, injury or illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your rabbit primarily live indoors, outdoors or both? \_\_\_\_\_

Please check all that apply to your rabbit:

\_\_\_\_\_ In Heat

\_\_\_\_\_ Pregnant

\_\_\_\_\_ Seizures

\_\_\_\_\_ Coughing or Sneezing

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Allergies/ reaction to previous shots or medications

\_\_\_\_\_ Current on Shots

How did you hear about us? \_\_\_\_\_



# Rabbit Surgery Release

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, (owner or authorized agent of owner), certify that I am 18 years old or older and do hereby request and authorize Spay Memphis, through whomever licensed veterinarians and assistants they may designate, to perform an operation for the sexual sterilization of my animal.

I understand that general anesthesia and surgical procedures present inherent risks including but not limited to injury or death of an animal. I authorize the use of appropriate anesthetics and other medications deemed appropriate and part of the standard of care by veterinarian(s). I understand that the veterinarians and assistants will take all reasonable precautions against injury, escape, or death of the aforementioned animal, but will not be held liable or responsible in any manner whatsoever, or under any circumstances, on account of the care, treatment, or safekeeping of the animal, otherwise in connection therewith, as it is thoroughly understood that I assume all risk.

I certify that my animal is in good health and that, to the best of my knowledge, I have provided an accurate and complete medical history of the aforementioned animal. I understand that no pre-anesthetic blood test will be conducted (unless authorized for a pet 5 years old or older) and that occasional unforeseen complications with anesthesia or surgery may arise. I understand that Spay Memphis has the right to refuse service to any animal for whom surgery is deemed a health risk. I understand that if my female animal is pregnant that the spay surgery will result in termination of the pregnancy and humane euthanasia of the fetus(es.)

I understand that it is my responsibility to pick-up/return for my animal by closing on the day of surgery. I understand that it is my responsibility to provide a safe and quiet environment for the animal to recover once it is released into my care. I understand that it is my responsibility to monitor the health of the animal post-surgery and to report any concern(s) to the contacts provided on the post surgery instructions sheet. I affirm that I have received a written copy of the Post Operative Care Instructions for my reference.

I hereby release Spay Memphis, the veterinarians, assistants, the board, volunteers and all of its employees from any claim arising out of or connected with the performance of this procedure. I agree that I have not, nor will not, claim any right to compensation from Spay Memphis, or any associated individual, or file any action by reason of such sterilization of the aforementioned animal or consequences related thereto. I also consent to have my cat photographed and/or videotaped for the purposes of clinic marketing. I have read and understand this authorization and consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_