



# Domestic Pet Intake Form

Owner Name:		Patient:	
Address:		Breed:	
City, State, Zip Code:		Color:	
Best Phone Number Today:		Sex:	

**\*PLEASE FILL FORM OUT COMPLETELY!\***

How old is your pet? \_\_\_\_\_ How long have you had your pet? \_\_\_\_\_  
Who is your regular veterinarian? \_\_\_\_\_

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

Does your pet have any known medical concerns or issues? (Include heartworm status if positive)

\_\_\_\_\_

Is your pet on any medications OR has your pet had any injections in the last 30 days?

\_\_\_\_\_

Is your pet on flea/tick preventive? Yes \_\_\_\_\_ No \_\_\_\_\_  
What kind? \_\_\_\_\_ Last applied? \_\_\_\_\_

Does your pet primarily live indoors or outdoors? \_\_\_\_\_

**\*\*\*Please fill out back side of page\*\*\***



# 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 sterilization of my animal.

I understand that general anesthesia and surgical procedures can present 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 the 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 if my animal is heartworm positive, there is a slight increased risk of anesthesia complications, in particular if my animal is in the advanced stage of heartworm disease. I understand if fleas are found on my animal, a temporary flea spray will be used to kill the fleas should I choose not to purchase a monthly flea prevention. I understand that no pre-anesthetic blood test will be conducted (unless authorized for an animal 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 if my animal is not picked up by 5:15 pm on the day of surgery, my animal will be taken to the Animal Emergency Center and they will charge a boarding fee. I understand that if my animal is not picked up at the Animal Emergency Center in 24 hours, my animal will be considered abandoned and taken to Memphis Animal Services. 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 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 animal photographed and/or videotaped for the purposes of clinic marketing. I have read and understand this authorization and consent.

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