



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 _____ Apt/Unit _____ City _____ State _____ Zip _____
 Home Phone: () _____ Alternate Phone: () _____ Email: _____

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 age, pregnancy, heat, and diseases such as FIV, FELV and heartworm. It is always recommended to have bloodwork and x-rays prior to anesthesia, especially in pets older than 6 years old. As a low cost facility we do not offer diagnostics that are normally recommended. I am aware that this can increase surgical and anesthetic risk and will not hold Santa Fe Animal Shelter and Humane Society, its doctors or staff responsible for any complications resulting from surgery. 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. I understand that the pregnancy will be terminated at surgery. I understand that if I arrive for my pet after 4:00PM, I will be charged a non-negotiable \$50.00 late fee.

Owner Signature _____ **Date** _____

CLINIC USE ONLY

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



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