

Community Surgical Clinic
Surgical Consent / Liability Release

Weight _____

Cage # _____

A separate form must be completed for each pet

Owner Last Name _____ First _____

Address (No PO Boxes) _____ Apt _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____ Text?

Email: _____

Pet's Name _____ Cat Dog Male Female

Breed _____ Color _____ Date of Birth/Age _____

My pet is (circle one): indoor only outdoor only indoor / outdoor

Where did you get your pet? _____

Consent for
capstar?
(circle one)

YES NO

1. Was your pet fasted (no food since midnight last night)? Yes No

2. Does your pet have any previous veterinary history, including vaccinations? Yes (provide records) No

3. Has your pet had any prescription or over the counter medication in the past 10 days? Yes No

**If yes, please list _____

4. Has your pet suffered any type of injury or illness in the past 30 days? Yes No

**If yes, please explain _____

5. Has your pet received any flea treatment in the past 30 days? Yes No

Date applied _____ Product _____

I, the below undersigned, being of legal age and the owner or legal custodian of the animal described above, hereby authorize the Animal Rescue League of Boston ("League"), including its officers, employees, agents, representatives, and volunteers, to receive, transport, prescribe and administer medications, medically examine and treat, perform sterilization surgery, and tattoo the animal described above.

I acknowledge that the League will utilize generally accepted veterinary and husbandry practices in treating and caring for the animal.

I acknowledge that the League, including its officers, employees, agents, representatives, and volunteers, shall not be liable for any injury, loss, escape, or destruction of the animal however caused or precipitated or for any injury or destruction caused by the animal to third parties and that I shall hold the League harmless and reimburse the League in full from any and all claims, demands, or judgments as a result of such injury, loss, escape, or destruction of the animal however caused or precipitated or for any such injury or destruction caused by the animal to third parties.

If during the course of examination, treatment, or surgical procedure the League determines that additional medical treatment, procedure or surgery is reasonably required in the best interests of the animal's health and welfare, then I authorize the League to provide such additional medical treatment, procedure or surgery.

I understand that the sterilization surgical procedure shall be performed at the discretion of the League's veterinary staff and that appropriate anesthetics will be utilized even where the animal may be a pregnant female. A refusal by the League's veterinary staff to perform the sterilization surgical procedure, or any other surgical procedure, shall be at its sole discretion.

I acknowledge that in the event that the animal becomes ill after the surgical procedure(s) authorized herein, I will return the animal to the League for examination and potential further treatment as soon as possible. In the event I bring my animal to my own veterinarian or veterinary emergency facility, the League has the right to refuse reimbursement for such additional treatment.

I acknowledge that the animal described herein must be picked up from the League at the designated pick-up time the same day of surgery. In the event that I do not claim my animal by such time, then I understand that the animal will be considered abandoned and the League will act appropriately and consistent with its procedures for handling abandoned animals. I understand that once my animal has been deemed abandoned, then I relinquish all right, title and legal interest in the animal but that I will be held responsible for all medical and boarding expenses incurred up to the time of abandonment and for any such additional medical and boarding expenses incurred thereafter in the event that I attempt to reclaim my animal.

✓ Signature _____ Date _____

CLINIC USE ONLY

RABIES FVRCP/DA2PP REV MICROCHIP HWT CAPSTAR COMBO FELV PARASTAR EAR TIP PRAZI

Hospital _____ Date given _____ 1y or 3y Payment: AM PM Cash CC

CLINIC USE ONLY

Cage # _____

- RABIES TAG # _____ FVRCP/DA2PP HW TEST: _____ Rx: _____ COMBO TEST: _____ FELV: _____
- REVOLUTION: FLEAS EARMITES CHEYLETIELLA PARASTAR: FLEAS TICKS CAPSTAR EAR TIP BLOOD DRAW
- PRAZIQUANTAL INJ. _____ mL SQ: TAPEWORMS MICROCHIP:

Date _____ Veterinarian: Donnelly / Forline / Kessler / Trakht / Youngman / _____ Spay ___ Neuter ___

Weight _____ LBS Estimated weight _____ LBS Temp. _____

DTK* _____ ml (IM) bottle # _____ 2nd DTK dose _____ Antisedan _____ ml (IM) 2nd dose _____

Meloxicam inj. (5mg/ml) _____ ml (SQ) Convenia (80mg/ml) _____ ml (SQ)

*Medetomidine, Butorphanol, Ketamine pre-mix

Additional medications:

Buprenorphine (0.5mg/ml) _____ ml (IM/SQ)

Midazolam (5mg/ml or 1mg/ml) _____ ml (IM/IV)

Medetomidine (1mg/ml) _____ ml (IM/IV)

Other: _____

Dispensed:

Meloxicam Tabs (7.5 mg) _____

Meloxicam Oral (1.5mg/ml) _____

Gabapentin Caps _____

Cephalexin Caps _____

Pre-surgical Physical exam (NSF on exam)

- **BAR**
- **MM – pink Moist**
- **H/L – Normal RR. No Murmur. Normal RR/RE**
- **Ok for surgery**

Notes: _____

Abnormal Findings:

- _____
- _____
- _____
- _____

OVH Feline

___ Routine ___ Estrus ___ Pregnant

Intubated and maintained on oxygen and isoflurane

Lidocaine- intra-dermal at incision site

Suture size 3-0 Monosorb

Ventral midline incision. Autoligation of the ovarian pedicles. Uterine body double single ligated modified millers knot. Linea closed in a simple continuous pattern. SubQ closed with a simple continuous pattern. Skin closed in a continuous subcuticular and glued. Tattooed.

Modifications/Notes: _____ Initials: _____

OVH Canine

___ Routine ___ Estrus ___ Pregnant

Intubated and maintained on oxygen and isoflurane

Lidocaine- intra-dermal at incision site

Suture size 2-0 Monosorb

Ventral midline incision. Ovarian pedicles single double ligated with a modified millers knot. Uterine body single double ligated modified millers knot. Linea closed in a simple continuous pattern. SubQ closed in a simple continuous pattern. Skin closed in a continuous subcuticular. Skin glued. Tattooed.

Modifications/Notes: _____ Initials: _____

Orchiectomy Feline

___ Routine ___ Cryptorchid

Lidocaine intra-testicular and intra-dermal at incision site

Scrotal incisions (2). Closed castration. Autoligation. Tattooed.

Modifications/Notes: _____ Initials: _____

Surgery notes:

Orchiectomy Canine

___ Routine ___ Cryptorchid

Intubated and maintained on oxygen and isoflurane

Lidocaine intra-testicular and intra-dermal at incision site

Suture size 2-0 Monosorb

Pre-scrotal scrotal closed technique. Vessels and spermatic cord single double ligated with modified millers knot. Tunics closed with a simple continuous pattern. SubQ closed with a simple continuous pattern. Skin closed in a continuous subcuticular pattern and skin glued. Tattooed.

Modifications/Notes: _____ Initials: _____