



Please Fill Out One Form Per Animal

Owner First Name, Owner Last Name, Phone Number TODAY, Date

Street Address, City / State, Zip

Office Use Only: Clinic HQ ID, Card, Check, Cash, TRANSPORT

E-mail

How did you hear about us? Facebook/website, Friend/family, Billboard or Print ad, Other

Animal's Name/ID, Trap #, Dog/Cat, Male/Female/Unknown

Breed or Breed Mix, Color(s), Approximate Age

Table with 2 columns: Cat Services Requested, Office Use Only. Rows include FVRCP, Leukemia, Rabies, Ear Tip, Microchip, Nail Trim, FeLV/FIV Test.

Table with 2 columns: Dog Services Requested, Office Use Only. Rows include DHPP, Kennel Cough, Rabies, Microchip, Nail Trim, Heartworm Test.

Additional Concerns

Pet Community Center uses qualified staffing & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery.

- I, acting as owner or agent of the animal named above, hereby request and authorize Pet Community Center, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.
I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
I either certify that my animal has been vaccinated within 1 year prior to this date, or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery.
I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure.
I certify that my animal is in good health and, if an adult, has had no food since 12:00 midnight the evening prior to surgery.
I understand that Pet Community Center has the right to refuse service to any animal to whom surgery is deemed a health risk.
I understand that Pet Community Center is not a full-service veterinary clinic.
I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), and heartworms.
I understand that if my animal is pregnant, the pregnancy will be terminated at surgery, and if she is lactating, her side may be shaved instead of her "belly"
I understand that if my animal has a significant number of fleas or other parasites, the veterinarian may opt to administer flea and/or parasite medication and an additional charge of \$5 may be applied to my bill.
I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery at an additional charge of \$15.
I understand that if I am concerned about my animal after surgery, I must call Pet Community Center's after-hours line (615-802-8387), and that Pet Community Center will not be held responsible for any fees or charges incurred if I decide to take my animal to another veterinary clinic without first speaking with a Pet Community Center staff member.
I understand that if my animal does experience post-operative complications, and I have followed post-operative instructions, Pet Community Center will treat these post-operative complications at their clinic at minimal cost.
I understand that if I do not retrieve my animal(s) at the agreed-upon time, Pet Community Center will exercise its right to either turn the animal over to Metro Animal Care and Control or dispose of the animal as deemed just and proper, and as allowed by the State of Tennessee under Title 63-12-134.
I hereby release Pet Community Center, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations.

IF YOUR ANIMAL IS LACTATING, SHE MAY HAVE HER SIDE SHAVED FOR SURGERY
YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED

I give my consent to allow Pet Community Center to use my name/photo/likeness and my pet's name/photo/likeness in any medium, worldwide, in perpetuity. By appearing in videos or photos for Pet Community Center I agree that I am participating of my own free will and will not receive monetary compensation. I agree / I decline

Pet Community Center • 943B Dr. Richard G Adams Drive • Nashville, TN 37207 • 615-512-5001

I have read and understand the conditions above / I have been given a copy of the post-surgical instructions, have read and understand them, and agree to follow all instructions as given. Signature, Date, Initial



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How did you hear about us? Facebook/website, Friend/family, Billboard or Print ad, Other:

Animal's Name/ID, Trap #, Dog, Cat, Male, Female, Unknown

Breed or Breed Mix, Color(s), Approximate Age

Feline Services Completed By table with rows for FVRCP Vaccine, Leukemia Vaccine, Rabies Vaccine, Ear Tip, Microchip, Nail Trim, FeLV/FIV Test

Canine Services Completed By table with rows for DA2PP Vaccine, Kennel Cough Vaccine, Rabies Vaccine, Microchip, Nail Trim, Heartworm Test

Additional Concerns

S: BAR, Abnormal, Physical exam, WNL, Abnormal, A: Surgical candidate, Yes, No, P: Surgically sterilize, Accept, Decline

Vet Exam, Tech Exam (Feral cats only), Visual exam ONLY due to fractious behavior, Owner/rescue should be made aware of the following: Over/Underweight, Ear Concerns, Skin Abnormalities, Tapeworms, Dental Concerns, Fleas, Ticks, Lactating community cat, Other:

Examiner, Weight (lbs), Age

Feline Anesthesia & Analgesia table with columns: Drug, Volume (ml), Route, Time Given

Canine Anesthesia & Analgesia table with columns: Drug, Volume (ml), Route, Time Given

Additional Anesthetics/analgesics:

Post-operative medications: TM Karo Syrup, cc Atipamezole (2 mg/ml) IM, cc Subcutaneous fluids, Other(s): Penicillin G (300,000 IU/ml) SC, Flea spray, Nitenpyram (Capstar)

Surgery options table with columns: Procedure, Technique, Suture (PDS/PDO) Size

Additional surgery notes, Vet initials

I have read and understand the conditions above, I have been given a copy of the post-surgical instructions, have read and understand them, and agree to follow all instructions as given.

Signature, Date, Initial