



Nashville Humane Association
213 Oceola Ave
Nashville, TN 37209
(615) 352-4030
www.nashvillechumane.org

SPAY/NEUTER PATIENT INFORMATION

Owner's Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Type of Pet:

Dog _____ Cat _____ Pet's Name: _____

Breed: _____ Color: _____ Age: _____ Sex: M or F

Do you currently have a Vet?

Yes _____ No _____ If yes, who is your current Vet?

Have you taken your pet to see a Vet in the past year?

Yes _____ No _____

By failure to disclose any of the following; trauma injuries such as hit by a car, previous infections, bleeding, diseases such as diabetes, heart or lung problems, or any other health conditions, I am putting my pet at risk that could result in death. We cannot guarantee the safe recovery of your pet. _____ (Please initial)

I understand that sterilization, spay or neuter, or "fixing" my animal means that it will not be able to re-produce and have babies. _____ (Please initial)

Is there anything we should know about your pet (Pregnant, in heat, or one testicle)?

I would like the following shots administered to my pet:

- _____ Rabies (cats or dogs)
- _____ FVRCP (cats)
- _____ DHPPV (dogs)
- _____ Flea Protection

FOR VETERINARY STAFF ONLY

Torbugesic _____
Telazol _____
Other _____

OVER