ANIMAL RESCUE LEAGUE of BOSTON

Helping animals since 1899.

Spay Waggin'
Surgical Consent / Liability Release

*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? ☐

Please designate which number is best to reach you. We must be able to reach you if we have questions

Pet's Name _____ ☐ Cat ☐ Dog ☐ Male ☐ Female

Breed _____ Color_____ Age_____

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

Where did you get your pet? _____

1. If your pet is under 4 months, 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, and perform sterilization surgery upon 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, then I should return the animal to the League for examination and potential further treatment as soon as possible in which event if it is determined that the post surgical illness is related to the sterilization surgery or other procedure performed by the League, then such additional treatment shall be at no cost to me. If I elect to bring the animal to another veterinarian or veterinary treatment facility, however, then the League has the right to refuse reimbursement for such additional treatment if the League determines that the post surgical illness or condition is not related to the treatment or surgical services provided by the League.

I acknowledge that the animal described herein must be picked up from the League's "Spay Waggin" 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 _____ HW TEST _____ EAR TIP _____ COMBO _____

Animal Rescue League of Boston Spay Waggin' Surgery Report

CLINIC USE ONLY *Cage #_____*

☐ RABIES TAG # _____ ☐ FVRCP/DA2PP ☐ HW TEST: _____ ☐ COMBO TEST: _____ ☐ BLOOD DRAW

☐ REVOLUTION: FLEAS EARMITES ☐ FRONTLINE PLUS: FLEAS TICKS ☐ DRONCIT INJ. _____ mL SQ ☐ EAR TIP

Date_____ Veterinarian_____ __Spay __ Neuter

Weight_____ LBS Temp._____

Dexdomitor, Torbugesic, Ketamine pre-mix _____ml (IM)

Butorphanol/Acepromazine pre-mix _____ ml (IM)

Propoflo 10mg/ml _____ml (IV)

Buprenorphine 0.50mg/ml _____ml (IV)

Dexdomitor 1.0mg/ml _____ ml (IM)

Butorphanol 10mg/ml _____ ml (IV/IM/SQ)

Ketamine 100mg/ml _____ ml (IM/IV)

Other: _____

Antisedan _____ ml (IM)

Metacam inj. 5mg/ml _____ml (SQ)

Rimadyl inj. 50mg/ml _____ml (SQ)

DISPENSED:

Rimadyl _____

Metacam Oral _____

Physical Exam

	N	Abn		N	Abn		N	Abn
1. Attitude	☐	☐	5.Integument	☐	☐	9. Mouth	☐	☐
2. Heart	☐	☐	6.Abdomen	☐	☐	10. Neuro	☐	☐
3. EEN	☐	☐	7. Teeth	☐	☐	11. mm/CRT	☐	☐
4. Lungs	☐	☐	8. MS	☐	☐	12. U/G	☐	☐
						13. PLN	☐	☐

BCS: _____

Notes:_____

_____

_____

OVH Feline

___Routine ___ In heat ___ Pregnant

Intubated and maintained on oxygen and isoflurane

1:1 Lidocaine:Bupivicaine intra-dermal at incision site

Suture size_____

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:_____

OVH Canine

___Routine ___ In heat ___ Pregnant

Intubated and maintained on oxygen and isoflurane

1:1 Lidocaine:Bupivicaine intra-dermal at incision site

Suture size_____

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.
Modifications/Notes:_____

Orchiectomy Feline

___Routine ___ Cryptorchid

1:1 Lidocaine:Bupivicaine intra-dermal at incision site

Single midline incision. Closed castration. Autoligation.
Modifications/Notes:_____

Orchiectomy Canine

___Routine ___ Cryptorchid

Intubated and maintained on oxygen and isoflurane

1:1 Lidocaine:Bupivicaine intra-dermal at incision site

Suture size_____

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.
Modifications/Notes:_____