

Canyon Lake Animal Shelter Society

2170 Sattler Road
Canyon Lake, TX 78133

ORIGINAL MEDICAL RECORD

Client Last Name: _____ First Name: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Animal Name: _____ Dog or Cat Sex: _____ Date of Birth or age: _____

Breed: _____ Color: _____

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant Canyon Lake Animal Shelter Society (CLASS), and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that CLASS, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by CLASS. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

DOGS:
Spay _____
Neuter _____
Pain Medication _____
Rabies _____
DA2PP _____
Other _____
CATS:
Spay _____
Neuter _____
Rabies _____
FVRCP _____
Other _____

Signature _____ Date _____

CLINIC USE ONLY:

Total: \$ _____

Weight: _____ Veterinarian _____ RABIES TAG NUMBER _____

Hx: Doing well, no problems noted _____ Exam: Within normal limits _____

Valium _____ Ketamine _____ Acepromazine _____ Atropine _____ Torbugesic _____

Durapen _____ Previcox/Metacam _____ Rx _____ LRS Fluids _____

Surgery: Routine OVH/castration, no complications _____

PATIENT INFORMATION FORM

Client Name: _____ Animal's Name: _____

***Phone number we can reach you at TODAY: (REQUIRED): _____

1. When was the last time your animal had any food? _____
2. Within the last two weeks, has your animal displayed any of the following?
 Sneezing Coughing Vomiting Diarrhea
3. Has your animal ever had a seizure? yes no If "yes," please explain: _____
4. If your animal is female, when was her last heat cycle? _____
Is she pregnant now? yes no maybe, not sure
5. Within the last six months, has your animal given birth? yes no
6. Within the last two weeks, are you aware of any change in your animal's:
 Level of activity Appetite Water consumption
7. Are you aware of your animal having a history of (please check as many as apply):
 Health problems Injury (such as hit by a car or attacked by another animal)
Please explain: _____
8. Has your animal had surgery before? yes no If "yes," please explain: _____

9. Are there any known reactions to vaccinations, drugs, or medications? yes no
If "yes", explain: _____
10. Please list any medication your animal has taken in the past month and why: _____

11. In the past ten days, has your animal been treated for fleas/ticks or mange (dip, spray, powder)? yes no
Was ANY chemical product applied to your pet (including spot-on drops, sprays, dips, shampoo)
If "yes", what product was used? _____
12. How long have you owned this animal? _____ Was it a stray that you gave a home? yes no
13. Is your animal currently on heartworm prevention? yes no
Last heartworm test date: _____ Results: negative positive
Brand of Heartworm Preventative currently taking: Heartgard Interceptor Sentinel Other
14. Does your animal live: primarily indoors _____, indoors & outdoors _____, outdoors only _____

(If your dog is not on heartworm preventative and has not been recently tested for heartworms, please be aware of the increased risks for complications while under anesthesia.)

Client Signature

Date