



1432 Route 179 North - Lambertville NJ 08530

YOUR NAME (PET OWNER):			
Address:			
City:	State:	Zip:	
Cell Phone:	Alt. Phone:		
Email:	Date:		
<b>Please fill in YOUR PET'S information below:</b>			
Pet Name:	Pet Color(s):		
Approximate Weight: _____ LBS.	Approx. Age of Pet: _____ years/ _____ months		
<b>Please circle information for YOUR PET:</b>			
Dog	Cat	Spay(Female)	Neuter(Male)
<b>Please circle additional services REQUESTED for today in addition to surgery:</b>			
Rabies Shot	Distemper Shot	Microchip	Heartworm Test
FeLV/FIV Test	Other _____		

A RABIES vaccine for all dogs and cats is required by NJ State Law. If your pet is currently vaccinated, you must provide proof of vaccine the day of surgery, OR a RABIES vaccine will be given today at a charge of \$20.

**Authorization for surgery:**

I the undersigned, acting as the owner/guardian of the above pet(s) have read and understood this entire page and authorize Animal Alliance's contracted veterinarian to anesthetize, surgically sterilize (spay or castrate/neuter) and provide other related medical care to my animal(s). I understand that there are inherent risks associated with anesthesia and surgery including but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. I understand that Animal Alliance will not perform any pre-operative blood or diagnostic tests in advance of surgery. Pre-operative bloodwork can reveal underlying physical problems that may cause the illness or death of this pet during or after surgery. This bloodwork is available for \$125. By my signature below, I am declining the option of pre-operative bloodwork. I understand that my pet(s) should be examined and evaluated as a surgical candidate by his or her regular veterinarian prior to surgery to decrease the risks associated with anesthesia and surgery.

I certify that to the best of my knowledge, my pet(s) is/are in good health, has not eaten in the directed pre-operative time (after 11 pm the night before surgery), and has not bit or injured anyone within the last 10 days.

I will hold harmless Animal Alliance, its contracted veterinarians, technicians, officers, directors, volunteers & agents for any problems experienced by my pet as a result of anesthesia/surgery.

I understand that anatomical characteristics of my pet's breed place him/her at increased risk for death or complications during of following surgery, especially brachycephalic breeds including but not limited to French Bulldog, Pug, Pekinese, ShihTzu, Boston Terrier, Mastiff, and Persian. **I understand that Females In-Heat and Males with One Retained Testicles will be charged an additional \$50. Both Retained Testicles will be charged an additional \$100.**

If during the course of surgery a condition is discovered or occurs that requires immediate treatment, the attending veterinarian may, in his/her absolute discretion, proceed with any and all procedures necessary. I consent to these procedures. I agree that I will be financially responsible for any post-operative medical treatment relating to surgery or any other unrelated medical problems of my pet(s), which may include transfer from the Animal Alliance clinic to a local or emergency animal hospital in cases of extreme emergency. **I am aware that if my pet(s) needs emergency or additional veterinary treatment related to a post-operative surgical complication I may have to seek the services of a veterinary emergency hospital at my own expense.**

**By signing this form, I agree that I will pay the full amount due for services rendered for my pet at Animal Alliance's Planned Pethood Clinic. Failure to pay will result in legal action by Animal Alliance, and possible finance/other charges.**

**I understand that there are 2 pickup times available for my pet, 3 PM AND 6PM, NOT between 3-6 PM.** Doors to the clinic are locked until 3 PM sharp, and will not be opened prior to 3 PM for any reason including to allow access to the bathroom. Doors lock again at 3:15 PM and will not reopen until 6 PM. Unless special pickup time arrangements have been made in advance with Animal Alliance, a late fee of \$25 will be charged for any pickups after 6:15 PM. After 6:30 PM, your dog/cat will be held overnight at an additional fee of \$25 for the night, and if not reclaimed by noon the next day, turned over to local Animal Control.

Signature:

Date:



## POST-SURGICAL RECOVERY FOR DOGS AND CATS

Keep your pet quiet, and restrict their activity as much as possible for the next WEEK. No running, jumping, playing, swimming or other strenuous activities. **Your pet should have NO contact with children (including yours) for 24 hours after discharge (ie. until 5 pm next day).**

Pets should be kept indoors during that period, where they can stay clean, dry and warm. Dogs must be walked on a leash when going outside, not allowed to run free. **NO BATHS FOR THE NEXT 10 DAYS.**

Appetite should return gradually, within next 24 hours. Lethargy (laziness, exhaustion) lasting for more than 24 hours post-surgery and/or diarrhea, vomiting and/or bleeding is **NOT NORMAL**. See your veterinarian if these symptoms are present.

Dogs may have a slight cough for a few days following surgery due to intubation irritation. If coughing continues for more than a few days, contact your veterinarian.

Do not change your pets diet or feed anything unusual (such as human food) to get them to eat. Feed them their normal dog or cat food. Anesthesia can frequently cause mild stomach upset, and a change in diet will only make that worse.

**DO NOT ALLOW YOUR PET TO LICK AND/OR CHEW AT THE INCISION SITE.** If you notice them doing so, an Elizabethan collar (cone) must be worn. They can be purchased at most pet supply stores.

**NEVER GIVE YOUR PET ANY HUMAN PAIN MEDICATIONS!!!** Animals metabolize drugs differently, and some common human medications can **POISON OR KILL** your pet. Please contact your vet if you feel that your pet is uncomfortable and needs additional pain medication.

Stitches will dissolve over a 2 month time period. There may be a hard bump that forms under the incision – this is normal.

Try to avoid picking up your pet too much during the next week to decrease stress on the incision site.

**MONITOR YOUR PET AROUND CHILDREN. YOUR PET MAY BE SORE, and as a result, MAY SNAP if a little one gets too close.**

Check the incision site twice daily. What it looks like at the time your pet leaves the clinic is normal. There should be no drainage. Redness and swelling should be minimal. If you feel that something looks abnormal during the healing process, see your veterinarian for care.

Emergencies ONLY: (609) 635-7006