

Operation:SNIP Rescue Admission Form

Date	Rescue Organization	Phone Number
------	---------------------	--------------

Person(s) authorized to pick up	Phone number where they can be reached
---------------------------------	--

Operation:SNIP Inc. 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. Carefully read, & ensure you understand, the following before signing your name:

- I hereby request spay/neuter services from Operation:SNIP
- I certify that the kitten(s)/puppy(s) are in good health and have not had food since 6 am this morning.
- I understand that Operation:SNIP will perform a complete physical examination before surgery is performed. If at time of physical exam our Veterinarian detects a heart murmur we will continue with the surgery if it is a mild heart murmur and I understand there is more risk involved with this procedure. If it is a severe heart murmur we will decline the animal for surgery
- I understand there may be additional charges if our veterinarian deems necessary at the time of surgery. Additional charges for treatment for injuries, infections, parasitic infestation, diarrhea and dehydration may be necessary to secure the best surgical outcome for our patients.
- I understand that if my female dog/cat is pregnant, the pregnancy will be terminated at surgery and there will be an additional charge of \$20(cats) or \$50 (dogs).
- 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 \$20(cats) or \$40(dogs).
- I understand that if my animal is cryptorchid (retained testicle) there will be \$30 charge for cats and a \$50 charge for dogs per testicle.
- I hereby release Operation:SNIP Inc, which includes Directors, Veterinarians, Certified Veterinarian Technicians, Veterinarian Technician Assistants, Volunteers, and all employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Operation: SNIP Inc. harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God

NEW!! IF YOUR PET HAS FLEAS EXPECT AN ADDITIONAL CHARGE: CATS REVOLUTION\$16 DOSE DOGS CREDELIO OR NEXGARD\$20. ALL DOGS THAT HAVE BEEN SPAYED OR NEUTERED ARE REQUIRED TO GO HOME WITH PAIN MEDICATION AND E-COLLAR UNLESS RESCUE IS PROVIDING.

YOUR ANIMAL WILL RECEIVE A SMALL SPAY/NEUTER TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Sex	Name	Breed Color/Pattern	Age	Please selected other services requested today	
				Cat	Dog
M/F				<input type="checkbox"/> \$10 FVRCP <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Fel/FIV Test <input type="checkbox"/> \$15 Tapeworm Med. <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$16 Revolution <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> \$25 Profender Other:	<input type="checkbox"/> \$10 DA2PP <input type="checkbox"/> \$15 Bordetella <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$20 Heartworm Test <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> Other:
M/F				<input type="checkbox"/> \$10 FVRCP <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Fel/FIV Test <input type="checkbox"/> \$15 Tapeworm Med. <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$16 Revolution <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> \$25 Profender Other:	<input type="checkbox"/> \$10 DA2PP <input type="checkbox"/> \$15 Bordetella <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$20 Heartworm Test <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> Other:
M/F				<input type="checkbox"/> \$10 FVRCP <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Fel/FIV Test <input type="checkbox"/> \$15 Tapeworm Med. <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$16 Revolution <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> \$25 Profender Other:	<input type="checkbox"/> \$10 DA2PP <input type="checkbox"/> \$15 Bordetella <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$20 Heartworm Test <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> Other:
M/F				<input type="checkbox"/> \$10 FVRCP <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Fel/FIV Test <input type="checkbox"/> \$15 Tapeworm Med. <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$16 Revolution <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> \$25 Profender Other:	<input type="checkbox"/> \$10 DA2PP <input type="checkbox"/> \$15 Bordetella <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$20 Heartworm Test <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> Other:
M/F				<input type="checkbox"/> \$10 FVRCP <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Fel/FIV Test <input type="checkbox"/> \$15 Tapeworm Med. <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$16 Revolution <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> \$25 Profender Other:	<input type="checkbox"/> \$10 DA2PP <input type="checkbox"/> \$15 Bordetella <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$20 Heartworm Test <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> Other:
M/F				<input type="checkbox"/> \$10 FVRCP <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Fel/FIV Test <input type="checkbox"/> \$15 Tapeworm Med. <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$16 Revolution <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> \$25 Profender Other:	<input type="checkbox"/> \$10 DA2PP <input type="checkbox"/> \$15 Bordetella <input type="checkbox"/> \$15 Rabies <input type="checkbox"/> \$20 Microchip <input type="checkbox"/> \$20 Heartworm Test <input type="checkbox"/> \$10 Hook/Round Dewormer <input type="checkbox"/> Other:

By signing you acknowledge that you have read and understand this form

SIGNATURE _____

DATE _____

PICK UP IS TODAY BETWEEN 3-4 PM

REVISED 9/29/18