

Haven Humane Veterinary Hospital
Client Registration Form
7449-A Eastside Road • Anderson, CA 96007 • (530) 241-1658

Name: _____ Birthdate: _____
Last First Middle

Driver's License or I.D. Card Number: _____ Expiration Date: _____

Address: _____
Street number and name City State Zip Code

Occupation: _____ Employer: _____
Name

Telephone Numbers:
(please include area code)

Home:(_____) _____ - _____ Work:(_____) _____ - _____ Cell:(_____) _____ - _____

Alternate Contact: _____ Phone: _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Haven Humane Spay and Neuter Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
- It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.
- I understand that this is not an emergency clinic and therefore staff is not on the premise after hours.
- I understand that I have the right to request a written prescription to be filled elsewhere.
- I understand that full payment is due at pick up. We accept cash and credit card and care credit. We do not accept checks unless it is for a donation
- I understand the veterinarians at Haven Humane Society recommend my animal be fully vaccinated at all times to ensure the health of my pet.

X Signature: _____ Date: _____

Haven Humane Veterinary Hospital Anesthetic Consent

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Owner Info:

Last Name: _____ First Name: _____ Date: _____
Phone (H): _____ (W): _____ Patient: _____

Optional Services (please Initial if you accept or decline)

Preoperative Blood Test (\$53): In order to have the most information possible about your animals health we highly recommend a preoperative blood panel be performed prior to anesthesia.

Accept _____ Decline _____

Vaccines: If you have provided information that your animal is current on all vaccines please initial here _____

If not select the appropriate vaccines below.....

K9: DA2PP (\$30) _____ DA2LPP (\$45) _____ Bordatella (\$30) _____ Rabies (\$20) _____ Rattlesnake (\$33) _____

Feline: FVRCP (\$30) _____ Rabies (\$20) _____ FELV (\$32) _____

Intravenous Fluids (\$46.50): We highly recommend administering IV fluids during anesthesia in order to respond faster during an emergency and maintain appropriate blood pressure. Please initial below.....

Accept _____ Decline _____

Microchip (\$30): In an effort to return your animal to you, if it were to ever escape your custody we highly recommend a microchip, which is discounted if administered during spay and neuter surgery.

Accept _____ Decline _____

Testing: We recommend testing for Feline Leukemia, FIV and Heartworm. Please initial all that apply...

FELV/FIV/HW Test (\$45) _____ HWT K9 (\$35) _____

Dewclaw Removal:(disart \$21.50) _____ Hernia Repair (umb \$48) : _____ Exam & Tx Ears _____

Ear Mite Tx (\$32): _____ Flea Treatment: _____ Heartworm Prevention: _____ Deworming: _____

Additional Procedures: _____

Authorization to Perform the above Procedures

*I the undersigned, legal owner of the admitted pet voluntarily place it under the care of Haven Humane Spay and Neuter Clinic for Medical evaluation and consent to the above therapeutic, diagnostic and surgical procedures by a licensed veterinarian. **No guarantee can be given and some anesthetic risk does exist.**

*I understand that the veterinarians at Haven Humane Society recommend my animal is fully vaccinated prior to any type of surgical procedure at least one week in advance, and have an IV catheter and Pre-operative blood work.

*It is our policy that if a female is scheduled for a spay, the surgery will be performed whether or not she is pregnant.

Additional charges will apply for females in heat, pregnant, lactating, hydrometra, pyometra or obese, and cryptorchid males depending on the location of the testicle.

*I understand that if my animal is here for a dentistry additional charges will apply for all tooth extractions.

*I understand that my animal will need to be picked up the same day as surgery unless otherwise instructed, and that a board and care fee (\$25.00 per day) will be charged if my animal is not picked up the same afternoon before 5:00 pm. If after 14 days the animal is not picked up, then it is considered abandoned, giving the organization the right to decide the future care of the animal. This includes, but is not limited to adopting the animal out, sending it to rescue, or other options.

*** I am aware that my pet is at a risk of contracting an upper respiratory infection during his stay and I recognize that I am responsible for any treatment needed.**

*I understand that my animal will be receiving a pain injection before surgery to help with pain control during and after the procedure. If the pain injection administered is not long acting, 3 days of oral pain control will be provided.

*I understand that my female dog/cat will be permanently tattooed on her incision line after her spay.

*I the undersigned have read the the terms of this agreement and understand that I am signing a release to any claim resulting from surgery, or aftercare of the animal.

*Haven Humane requires a valid Rabies vaccine for any surgical procedure or overnight stay.

X Signature: _____ Date: _____