

ADMISSION FORM

United Coalition for Animals Nonprofit Spay/Neuter Clinic
(513) 721-7387 www.ucancincinnati.org

Partner No: _____ Client Account No. _____

Surgery Date: _____ Your first name: _____ Your last name: _____ Pet's name: _____ Pet's age or DOB: _____

Cat Dog Male Female Has your pet had a litter? Y N Pet's color(s): _____ Pet's breed: _____

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Phone number where we can reach you TODAY: () - _____ Alternate phone number: () - _____ Email address: _____

United Coalition for Animals nonprofit spay/neuter clinic (UCAN) uses qualified staffing for all veterinary 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 and ensure you understand the following before signing your name.

- I, as owner or authorized agent of the animal named above, hereby request and authorize UCAN, through whomever veterinarians it designates, to spay or neuter the animal named above and provide the other services marked below.
- I understand that the operation presents some hazards and that injury or death may conceivably result because there is some risk associated with the procedure and the use of anesthesia.
- I understand that UCAN strongly recommends that all animals coming to its high-volume clinic be up to date on recommended vaccinations and that it generally takes up to two weeks for vaccinations to be effective. I certify that my animal is up to date on all recommended vaccinations or, if not, I understand the inherent risks of failing to maintain current vaccinations and that my pet may be exposed to animals carrying infectious diseases, and I waive all claims arising out of or connected with such failure to vaccinate.
- I certify that my animal is in good health and has had no food since 9:00 PM the evening prior to surgery (except for puppies/kittens under four months old which are able to eat up to 5:00 AM the day of surgery).
- I understand UCAN will perform a brief physical exam (if possible depending on the animal's temperament) before surgery, but that UCAN is not a full service veterinary clinic and may not be able to detect any or all existing health issues. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.
- I understand that some conditions significantly increase surgical risk, including, but not limited to, obesity, pregnancy, in heat, geriatric (eight years and older), still lactating, and diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia and heartworms.
- I understand that if my animal is pregnant, the pregnancy will be terminated at the time of surgery.
- I understand that my animal will receive a small tattoo on his/her underside by the incision to show that he/she has been sterilized.
- I understand that if my animal has an open umbilical hernia or is cryptorchid (undescended testicle), it will be repaired at the time of surgery for an additional charge of \$20.
- I understand that if my animal has fleas, it will be given Capstar free of charge to kill the fleas so it can go into surgery.
- I understand that if I do not pick up my animal at the time given to me, I will be charged a boarding fee of \$15 per day.
- I understand and agree that UCAN may take photographs of my pet for use for lawful purposes, such as publicity, grant reporting, and web content.

I hereby release UCAN and its veterinarians, technicians, volunteers, directors, and employees from any and all claims arising out of or connected with the spay or neuter procedure and any adverse reactions from vaccinations or medications. I agree that I have not and will not claim any right of compensation from them, or any of them, or file any action as a result of the attempted or performed spay or neuter or vaccination of the animal named or any consequences related thereto. I hereby agree to indemnify and hold UCAN harmless for any injury or damage caused during the transportation of the animal and by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

UCAN requires that your animal be vaccinated for rabies unless proof of vaccination is presented at time of surgery - NO EXCEPTIONS!

*To be effective, if this is the pet's first vaccine, you should get your pet a booster vaccine in 3-4 weeks. UCAN offers \$15 booster vaccines at its Friday vaccine clinics (no appointment necessary).

Services requested today:

- | | | | |
|--|-------------------|--|------|
| Dogs | | Cats | |
| <input type="checkbox"/> K-9 Distemper/Parvo* | \$15 | <input type="checkbox"/> Feline Leukemia* | \$15 |
| <input type="checkbox"/> K-9 Bordetella | \$15 | <input type="checkbox"/> FVRCP* | \$15 |
| <input type="checkbox"/> 1 year Rabies | \$10 | <input type="checkbox"/> 1 year Rabies | \$10 |
| <input type="checkbox"/> 3 year Rabies | \$10 | <input type="checkbox"/> 3 year Rabies | \$10 |
| <input type="checkbox"/> Heartworm Test | \$20 | <input type="checkbox"/> Felv/FIV Test | \$20 |
| <input type="checkbox"/> Heartworm Prevention | \$24, \$30, \$36 | <input type="checkbox"/> Flea/Mites (Revolution) | \$15 |
| <input type="checkbox"/> Pain Meds (Metacam) | \$15 | <input type="checkbox"/> Pain Meds (Metacam) | \$10 |
| <input type="checkbox"/> Dewormer (Panacur) | \$7, \$11 or \$22 | <input type="checkbox"/> Dewormer (Pyrantel) | \$ 5 |
| <input type="checkbox"/> Tapeworm (Praziquantel) | \$20 | <input type="checkbox"/> Tapeworm (Praziquantel) | \$10 |
| <input type="checkbox"/> Flea/Tick (Frontline) | \$15 | <input type="checkbox"/> Cardboard cat carrier | \$ 5 |

- Treat for fleas/ear mites/tapeworms/ticks/lice
(Cats will be given a Free dose of Revolution for ear mites, if box checked.)
- Other Services**
- | | |
|---------------------------------------|------|
| <input type="checkbox"/> Hernia/Crypt | \$20 |
| <input type="checkbox"/> Microchip | \$20 |
| <input type="checkbox"/> E-Collar | \$ 6 |
| <input type="checkbox"/> IV Fluids | \$20 |
| <input type="checkbox"/> Nail Trim | \$ 5 |
| <input type="checkbox"/> Other _____ | |
- Totals**
- Surgery:** _____
- All Other:** _____
- Subsidy:** _____
- Donation:** _____
- Amt. Due:** _____
- _____ CS _____ V _____ MC
- Amt. Due @ PU:** _____

I have read and understand the conditions listed above: _____
SIGNATURE