



## Harmony Vet Care Surgery Intake Form

Owner's First Name	Owner's Last Name	Emergency Phone #	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Address		City	State      Zip
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
Animal's Name	Dog	Cat	Contact Email
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Animal's Age	Male	Female	Breed
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Has your animal been to a veterinarian within the last 30 days? ____ If yes, what was the reason for the visit? _____			
Does your animal have any current medical conditions? (coughing, sneezing, vomiting, diarrhea)? ____ If yes, please describe. _____			
Is your animal taking any medications, including flea or tick treatments (given in the last 30 days) insulin, thyroid, steroids? _____			

Harmony Vet Care uses qualified staff and approved materials for all procedures performed. **Please carefully read, and ensure you understand, all of the information in this agreement and the other agreements attached hereto before signing your name:**

- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as heartworms or FIV/FelV.
- I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- If I suspect the Animal has any post operative complications, I understand and accept that it is my responsibility to contact Harmony before obtaining any other veterinary care for my pet. If subsequent care is required as a result of individual pet problems- such as licking at stitches, pre-existing conditions, etc. – it will be at my expense.
- I understand that if the Animal is infested with fleas, Harmony may, administer Capstar at my expense (\$6).
- I understand that if I do not pick up my pet before close, I will be charged for overnight boarding (\$20).
- I understand and agree that Harmony Vet Care shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND HARMOMY, AND (E) VOLUNARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.

I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_