Santa Barbara County PUBLIC Health DEPARTMENT

Animal Services

Santa Maria Animal Center
548 W. Foster Road ♣ Santa Maria, CA 93455
805/934-6119 ♣ FAX 805/934-6326

SURGERY AND TREATMENT CONSENT FORM - DOG

Owner's Name _____ Date _____

Address _____ City _____ Zip _____

Primary Phone (___) _____ Secondary Phone (___) _____

Phone # where you may be reached today (___) _____

Dog's/Puppy's Name _____ Breed _____

Color(s) _____ Dog's Age ____yrs/___mos Dog's Sex: Male or Female (circle one)

Please respond to the following questions: **Circle Response**

1. Do you want your dog to be spayed/neutered today? YES NO
2. Do you want your dog to receive vaccinations or treatments today? YES NO
3. Has your dog ever had an adverse reaction to a vaccine? YES NO
4. Is your dog currently sick? YES NO
5. Is your dog currently on any medications? If yes, please describe _____ YES NO
6. Has your dog had any medical problems in the past? If yes, please describe _____ YES NO

_____

Treatment requested today:

Vaccines: ❒Rabies $10 ❒DHPP (Distemper/Parvo) $14 ❒Bordetella (Kennel Cough) $14

❒Microchip $30 ❒Flea treatment (Prices range from $10 to $19) ❒Worming treatment (Prices range from $9 to $26)

Santa Barbara County Animal Services Consent Form and Waiver

I hereby consent and authorize Santa Barbara County Animal Services to spay or neuter and/or give vaccinations or provide other treatment to my pet (_____). These treatments, procedures or operations may involve risks of unsuccessful results, complications, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to the outcome except as is otherwise provided herein. I have discussed the potential risks as well as the nature and purpose of the treatment, procedure or operation and have received and understand all the information I desire regarding said treatments, procedures or operations.

I also understand that it may be necessary to provide emergency medical care and in the event that I cannot be contacted, I authorize Santa Barbara County Animal Services to render such care or to arrange for such care. I assume financial responsibility for all charges incurred for the care or treatment provided to the above-described pet. Santa Barbara County Animal Services will use all reasonable precautions against injury, escape, or destruction of the above described pet, however Santa Barbara County Animal Services will not be held liable or responsible beyond such reasonable precautions for its care, treatment, or safekeeping of my pet. It is understood and agreed that I assume all other risks associated with the care, treatment and/or safekeeping of my pet.

I understand/agree that if my pet is identified as difficult to handle, a pre-operative exam will not be given.
I understand/agree that my female dog will be tattooed with an "S" tattoo to signify she has been spayed.

I HAVE READ THIS CONSENT FORM AND FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS.

Signature: _____ Date_____

VAX	LABEL	SITE	METHOD	BY
Rabies		Right rear limb		
DHPP		Right front limb		
Bordetella		intranasal		

Fleas/Ticks _____ Tapeworms _____ Microchip _____

Date: _____ Pets Name: _____ Weight :_____

Doctor :_____ Tech: _____

Butorphanol10mg/ml: _____ ml SQ Atropine 0.54mg/ml: _____ml SQ

Acepromazine 10mg/m: _____ ml SQ Rimadyl 50mg/ml: _____ ml SQ

Induction:

Mask: _____ OR Ketamine 100mg/ml: _____ ml and Midazolam 5mg/mg: _____

ET tube: _____ Maintained on: Isoflurane/Oxygen

TIME	SPO2	HR	TEMP

Physical Exam:

H/L: _____
EENT_____
_____
GI:_____
GU:_____
INTEG.: _____
_____
M/S:_____

DR: _____

Emergency Drugs: ____ none needed _____

Post-operative Medications: _____ none needed

Rimadyl: _____mg: Give: _____ tablet(s) two times daily for _____ days. Start On _____

Comments:
_____
_____
_____