

**SURGERY AND TREATMENT
 CONSENT FORM -DOG**

Santa Maria Animal Center
 548 E Foster Rd
 Santa Maria, CA 93455
 805-934-6119



Person ID: _____ Animal ID: _____

Owner's Name/Nombre de Dueño _____ Date/Fecha _____

Address/Dirección _____ City/ Ciudad _____ Zip/Código _____

Primary Phone/Numero de Teléfono _____ Secondary Phone/ Numero Secundario _____

Dog's/Puppy's Name/ Nombre del perro _____ Breed/Raza _____

Color(s) _____ Dog's Age/ Edad _____ yrs/ _____ mos It is a/ Es: Male/Macho or Female/ Hembra

Please respond to the following questions/ Responda a las Preguntas: Circle Response

- | | | |
|---|-----|----|
| 1. Do you want your dog to be spayed/neutered today?
Quiere esterilizar a su perro hoy? | YES | NO |
| 2. Do you want your dog to receive vaccinations or treatments today?
Quiere que su perro reciba vacunas o tratamientos hoy? | YES | NO |
| 3. Has your dog ever had an adverse reaction to a vaccine?
Su perro ha tenido una reacción a vacunas? | YES | NO |
| 4. Is your dog currently sick?
Su perro está enfermo? | YES | NO |
| 5. Is your dog currently on any medications? If yes, please describe _____
Su perro está tomando medicamentos? Si lo esta que está tomando? | YES | NO |
| 6. Has your dog had any medical problems in the past? If yes, please describe _____
Su perro ha tenido problemas médicos en el pasado? Si los ha tenido que ha tenido? | YES | NO |
| 7. Where did you get your dog? _____
En donde agarro su perro? _____ | | |

Treatment requested today/ Tratamientos

A pain injection is given during surgery. Additional pain medication post-operative are recommended and available at an additional cost. Una inyección para el dolor es dada durante cirugía. Medicamento adicional para el dolor está disponible a un costo adicional.

- Vaccines: Rabies/ Rabia \$10 DHPP (Distemper/Parvo/ \$14 Bordetella (Kennel Cough/Tos) \$14
 Microchip \$30 Flea treatment/Pulgas (Prices range from \$10 to \$19)
 Worming treatment/Parásitos (Prices range from \$9 to \$26) Tape worms or Round Worms

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.

Doy mi consentimiento y autorizo al Servicio de Animales del Condado de Santa Bárbara para esterilizar o dar vacunas o proporcionar otro tratamiento para mi mascota (_____). Estos tratamientos, procedimientos y operaciones pueden implicar riesgos de resultados fallidos, complicaciones e incluso la muerte, por causas tanto conocidas e imprevistas, no garantiza ni se hace garantía en cuanto al resultado salvo que se disponga otra cosa. He discutido los riesgos potenciales, así como la naturaleza y el propósito del tratamiento, y he recibido y comprender toda la información que deseo en relación con dichos tratamientos, procedimientos y operaciones. También entiendo que puede ser necesario para proporcionar atención médica de emergencia y en caso de que no puedo ser contactado, autorizo al Servicio de Animales del Condado de Santa Barbara de prestar esa atención o hacer arreglos para dicha atención. Asumo la responsabilidad financiera de todos los gastos incurridos por el cuidado o tratamiento proporcionado a la mascota antes descrito. El Servicio de Animales del condado de Santa Barbara utilizará todas las precauciones razonables contra la lesión, escape, o la destrucción de la mascota antes descrito, sin embargo El servicio de animales del condado de Santa Barbara no será responsable o responsables más allá de tales precauciones razonables para su cuidado tratamiento o custodia de mi mascota. Se entiende y se acuerda que asumo todos los otros riesgos asociados a la atención, tratamiento y / o custodia de mi mascota. Entiendo / de acuerdo en que si mi mascota se identifica como difíciles de manejar, no se le dará un examen pre-operatorio. Entiendo / de acuerdo en que mi perra se tatuó con un tatuaje de "S" para indicar que ha sido esterilizado.

I HAVE READ THIS CONCENT FORM AND FULLY UNDERSTAND AND AGREE QWITH THIS PROVISIONS

Signature/ Firma _____ Date/Fecha _____

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

Fleas/Ticks _____ Tapeworms _____ Microchip _____

Date: _____ Weight : _____

Physical exam and surgical record is in chameleon.

- ___ Physical Exam complete in chameleon
- ___ Surgery Record and monitoring complete in chameleon
- ___ Treatments entered in chameleon
- ___ Spay/Neuter certificate created and alter status updated in chameleon
- ___ Pain medications is being sent home Yes No

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

Additional services requested: _____ \$ _____

Comments:
