

INTAKE FORM

**ASPCA® Veterinary Services of
North Carolina, P.C. (828) 252-2079**

Animal ID # _____
<input type="checkbox"/> Cash \$ _____
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Visa/M-Card \$ _____

Owner's First Name _____	Owner's Last Name _____	Emergency Phone (in case of complications) _____	Cell Phone _____
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Owner's Street Address _____	City _____	State _____	Zip Code _____
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Animal's Name _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Contact Email _____
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Animal's Age (Years) _____	Animal's Age (Months) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Animal's Breed _____	Animal's Color(s) _____
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Has your animal been to a veterinarian within the last 30 days? Yes No If yes, what was the reason for the visit?: Regular checkup Vaccines Sick or injured

Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)? Yes No If yes, please describe: _____

Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids? Yes No If yes, please describe: _____

ASPCA Veterinary Services of North Carolina, P.C. ("AVSNC") uses qualified staff & approved materials for all 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. Please be advised that there are additional important terms, conditions, & information regarding your animal's treatment on the reverse side of this agreement & the other agreements attached hereto. Please carefully read, & ensure you understand, all of the information on BOTH SIDES of this agreement & the other agreements attached hereto before signing your name:

- I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request & authorize AVSNC, including its affiliates (including the ASPCA) & each of their employees, volunteers, veterinarians &/or other agents (collectively, "AVSNC Parties"), to receive, transport, prescribe for, treat &/or administer vaccinations &/or perform an operation for sexual sterilization of the Animal.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards, & that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure & in the use of anesthetics & 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 & accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal & I [client must choose one of the following options]:
 _____ certify that the Animal has been vaccinated within one (1) year prior to this date; or
 _____ waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or
 _____ request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- I understand the inherent risks of failing to maintain current vaccinations & waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that AVSNC &/or any AVSNC Party has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at AVSNC. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), & heartworms.
- I understand that if the Animal is an acceptable surgical &/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal's gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent immediate medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$15 without my further consent.
- I agree that, unless I initial below, AVSNC & AVSNC Parties may take, or permit others to take, photographs or video of me &/or my animal, while at AVSNC & that AVSNC & AVSNC Parties may use or authorize the use of the photographs or video of me &/or my animal in any way it deems appropriate to support the ASPCA's mission, including fundraising purposes.
 _____ Please initial here if you do NOT want AVSNC or AVSNC Parties to photograph or video you or your animal.

PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, & INFORMATION ABOUT YOUR ANIMAL'S TREATMENT ON THE REVERSE SIDE & THE OTHER AGREEMENTS ATTACHED.
THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Requested Feline Vaccines & Services			Requested Canine Vaccines & Services		
<input type="checkbox"/> Feline Distemper Vaccine	<input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Canine Distemper/Parvo Vaccine	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Feline Leukemia Vaccine	<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Kennel Cough Vaccine	<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies Vaccine (1-year)	<input type="checkbox"/> Rabies Vaccine (3-year)		<input type="checkbox"/> Rabies Vaccine (1-year)	<input type="checkbox"/> Rabies Vaccine (3-Year)	

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT & THE ATTACHED AGREEMENTS. I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____ DATE _____ INITIAL (when picking up) _____

For Office Use Only	<input type="checkbox"/> Owned	<input type="checkbox"/> Shelter	<input type="checkbox"/> Foster	<input type="checkbox"/> Community Cat (Feral)	<input type="checkbox"/> Community Cat (Friendly)	<input type="checkbox"/> Ear Tip	<input type="checkbox"/> Microchip	<input type="checkbox"/> FeLV Test	For Office Use Only
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ADDITIONAL IMPORTANT TERMS, CONDITIONS & INFORMATION REGARDING YOUR ANIMAL'S TREATMENT

- I understand that the Animal will remain at AVSNC overnight for recovery. I understand that AVSNC is not staffed overnight & that the Animal may be unattended during this time. In the event that the Animal requires care or further medical attention beyond that provided by AVSNC during recovery, or if a mechanical failure or other issue renders the AVSNC clinic unable to safely treat the Animal, I agree that AVSNC &/or any AVSNC Party may, in its sole discretion, transfer the Animal to a veterinary hospital selected in its sole discretion to conduct treatment &/or provide overnight care. In the very rare event of a sudden death, I give consent for a necropsy to be performed at no charge to determine the cause of death.
- I will provide recovery space that is clean, indoors, warm, & dry. I will provide proper post surgery monitoring & care for the Animal, including but not limited to, the care described in the *Post-Operative Instructions*. I agree to abide by the "ASPCA Bite/Scratch Protocol for North Carolina, Buncombe County," a copy of which is available upon my request. If I suspect the Animal has any post operative complications, I agree to follow the *Post-Operative Instructions* that have been provided to me.
- I understand that if the Animal is infested with fleas, AVSNC may, in its sole discretion, administer a flea product (including but not limited to Capstar, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$3 cost for this treatment when the Animal is picked up from AVSNC.
- I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, & at the time designated by the medical staff on the day of the surgery &/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by AVSNC to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, AVSNC shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to either turn the Animal over to Buncombe County Animal Control ("Animal Control") or dispose of the Animal as deemed just & proper, & as allowed by the State of North Carolina under GS 90-187.7(a). I agree to pay a boarding fee of up to \$100 per night plus any related costs to medicate or provide for the Animal.
- I understand & agree that the AVSNC & AVSNC Parties (collectively, the "Released Parties") 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 &/or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. 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 & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (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 & AVSNC, & (E) VOLUNARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

INTAKE FORM

**ASPCA® Veterinary Services of
North Carolina, P.C. (828) 252-2079**

Animal ID # _____
 Cash \$ _____
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 Visa/M-Card \$ _____

Owner's First Name _____ Owner's Last Name _____ Emergency Phone (in case of complications) _____ Cell Phone _____

Owner's Street Address _____ City _____ State _____ Zip Code _____

Animal's Name _____ Contact Email _____
 Dog Cat

Animal's Age (Years) _____ Animal's Age (Months) _____ Animal's Breed _____ Animal's Color(s) _____
 Male Female

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Requested Feline Vaccines & Services

- Feline Distemper Vaccine FeLV/FIV Test
 Feline Leukemia Vaccine Hernia Repair
 Rabies Vaccine (1-year) Rabies Vaccine (3-year)

Requested Canine Vaccines & Services

- Canine Distemper/Parvo Vaccine Heartworm Test Nail Trim
 Kennel Cough Vaccine Hernia Repair Microchip F/A
 Rabies Vaccine (1-year) Rabies Vaccine (3-Year)

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POST-OPERATIVE INSTRUCTIONS

**ASPCA® Veterinary Services of
North Carolina, P.C. (828) 252-2079**

Animal ID # _____
 Cash \$ _____
 Check # _____
 Visa/M-Card \$ _____

Date of Surgery

Owner's First Name Owner's Last Name Emergency Phone (in case of complications) Cell Phone

Owner's Street Address City State Zip Code

Animal's Name Contact Email
 Dog Cat

Animal's Age (Years) Animal's Age (Months) Animal's Breed Animal's Color(s)
 Male Female

Has your animal been to a veterinarian within the last 30 days? Yes No If yes, what was the reason for the visit?: Regular checkup Vaccines Sick or injured
 Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)? Yes No If yes, please describe: _____
 Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids? Yes No If yes, please describe: _____

POST-OPERATIVE INSTRUCTIONS

- You must restrict the Animal's activity for the next ten days to allow the tissue time to heal, & avoid causing the incision to open. Cats should stay indoors. All dogs should go out on a leash to urinate/defecate & then return inside to rest. Keep the incision site dry; do not bathe or apply topical ointment during the recovery period.
- Keep males away from unspayed females for 30 days. Keep females away from unneutered males for seven days. Be prepared to keep pets separate during the recovery period.
- Check the incision site twice daily. Females should have no drainage; redness & swelling should be minimal. The incision for male dogs is directly on the scrotum & is left open to allow for drainage. Small amounts of drainage/discharge is normal for up to three days. Too much activity causes increased drainage, so activity restriction is very important. Do not allow the Animal to lick or chew at the incision. If this occurs, an Elizabethan collar **MUST** be applied to prevent additional licking/chewing that could cause infection.
- Appetite should return gradually within 24 hours of surgery. Do not change the Animal's diet at this time, & do not give them junk food, table scraps, milk, or any other *people food* during the recovery period. Feeding them their regular diet will help avoid gastro-intestinal upset.
- Minimal redness & swelling of the surgery site should resolve within several days, but if they persist longer, please call our office at **(828) 252-2079**. After office hours, please call **(855) 4-FIX-AVL**. You should also contact us immediately if you notice any of the following: pale gums; depression; unsteady gait; loss of appetite or decreased water intake; vomiting; diarrhea; discharge or bleeding from the incision; difficulty urinating or defecating; labored breathing. Do not give human medication to the Animal. It is dangerous & can be fatal.
- If the Animal received a vaccine at our clinic other than rabies, please discuss a "booster" vaccine with your regular veterinarian. Canine distemper/parvo vaccine, feline leukemia vaccine, & feline distemper vaccine all need to be "boostered" three to four weeks after administration of the first vaccine for maximum effectiveness.
- We will make every reasonable effort to treat at OUR CLINIC, at minimal cost, any post-operative complications resulting directly from the surgery, if the above post-operative instructions are followed in full. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see any cause for concern at **(828) 252-2079**. After office hours, please call **(855) 4-FIX-AVL**.

- Spay Ovariohysterectomy – unless otherwise noted, there are no sutures to remove
- Neuter Castration – unless otherwise noted, there are no sutures to remove
- Already Spayed/Neutered Please contact this clinic if you have any questions or notice signs of heat
- In Heat Please keep away from intact males for at least two weeks
- Pregnant: _____ Unless otherwise noted, there are no sutures to remove
- Cryptorchid Undescended testicle(s) – your pet has two incisions

The Animal received a green tattoo next to their incision. This tattoo is a scoring process in the skin. IT IS NOT AN EXTRA INCISION.

Our vets recommend that you establish a wellness program for the Animal with a regular full-service veterinarian.

Please see your regular veterinarian to address the following concerns about the Animal:

Over/Underweight Ear Concerns Skin Concerns Tapeworms/Internal Parasites Dental Concerns Fleas/Ticks

Other: _____

VET: _____ Weight _____ Kgs.

The Animal has received these vaccinations/services today:

DA₂LPPv Bordetella Ivermectin Meloxicam Nail Trim Microchip
 DA₂PPv FVRCP FeLV Rabies 1-Year 3-Year Ear Tip Hernia Repair
 HW Test -neg +pos FeLV Test FeLV/FIV Test (only owned cats) -neg FeLV +pos FIV +pos Other _____

Requested Feline Vaccines & Services

Feline Distemper Vaccine FeLV/FIV Test Nail Trim Canine Distemper/Parvo Vaccine Heartworm Test Nail Trim
 Feline Leukemia Vaccine Hernia Repair Microchip F/A Kennel Cough Vaccine Hernia Repair Microchip F/A
 Rabies Vaccine (1-year) Rabies Vaccine (3-year) Rabies Vaccine (1-year) Rabies Vaccine (3-Year)

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SIGNATURE OF OWNER OR AUTHORIZED AGENT _____ DATE _____ INITIAL (when picking up) _____

TREATMENT CARE

**ASPCA® Veterinary Services of
North Carolina, P.C. (828) 252-2079**

Animal ID # _____
 Cash \$ _____
 Check # _____
 Visa/M-Card \$ _____

Date of Surgery

Owner's First Name Owner's Last Name Emergency Phone (in case of complications) Cell Phone

Owner's Street Address City State Zip Code

Animal's Name Contact Email
 Dog Cat

Animal's Age (Years) Animal's Age (Months) Animal's Breed Animal's Color(s)
 Male Female

Has your animal been to a veterinarian within the last 30 days? Yes No If yes, what was the reason for the visit?: Regular checkup Vaccines Sick or injured
 Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)? Yes No If yes, please describe: _____

Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids? Yes No If yes, please describe: _____

_____ cc Ace 10 mg/mL SQ IM _____ cc Hydromorphone 2 mg/mL SQ IM _____ cc Ketamine 100 mg/mL IV IM _____ cc Atipamezole 5 mg/mL IM
 _____ cc Dilute Ace 1 mg/mL SQ IM _____ cc Cefazolin 100 mg/mL SQ IV _____ cc mL LRS/Saline IV SQ _____ cc Atropine 0.5 mg/mL SQ IV IT
 _____ cc Midazolam/Diazepam 5 mg/mL IV IM _____ cc Meloxicam 5 mg/mL SQ IM _____ cc Ivermectin SQ
 _____ cc TTDex IM _____ cc PenG 300,000 units/mL IM SQ Maintained on O₂ + Iso
 _____ cc Lidocaine 2% IT _____ cc Euthasol IV IC IP
 _____ cc Dexdomitor _____ mg/mL IV IM _____ cc _____

Postpartum Fatty
 Friable
 S: BAR Abnormal
 O: Physical exam = WNL Abnormal
 A: Surgical candidate = Yes No
 P: Surgically sterilize = Accept Decline
 TPR = WNL ABN _____

SPAY (Ventral midline incision)
 Ovarian peds: Instrument tie Circumferential (Modified) Millers Suture _____
 Uterine stump: Transfixation Circumferential (Modified) Millers Suture _____
 Abdominal wall: Cruciate Simple interrupted Continuous Suture _____
 Subcutaneous: Simple continuous Suture _____
 Skin: Subcuticular pattern Surgical glue Staples Suture _____

Spay
 Neuter
 Already Spayed/Neutered
 In Heat
 Pregnant: _____
 Cryptorchid

NEUTER Technique: Closed castration Open castration
 Skin Incision: Pre-scrotal Scrotal
 Cord ligation: Instrument tie Circumferential (Mod.) Millers Transfixation Suture _____
 Sc/skin closure: Simple interrupted Subcuticular mattress Surgical glue Staples Suture _____

Please see your regular veterinarian to address the following concerns about the Animal: VET: _____
 Over/Underweight Ear Concerns Skin Concerns Tapeworms/Internal Parasites Dental Concerns Fleas/Ticks
 Other: _____ Weight _____ Kgs.

The Animal has received these vaccinations/services today:
 DA₂LPPv Bordetella Ivermectin Meloxicam Nail Trim Microchip
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 HW Test -neg +pos FeLV Test FeLV/FIV Test (only owned cats) -neg FeLV +pos FIV +pos Other _____

Requested Feline Vaccines & Services **Requested Canine Vaccines & Services**
 Feline Distemper Vaccine FeLV/FIV Test Nail Trim Canine Distemper/Parvo Vaccine Heartworm Test Nail Trim
 Feline Leukemia Vaccine Hernia Repair Microchip F/A Kennel Cough Vaccine Hernia Repair Microchip F/A
 Rabies Vaccine (1-year) Rabies Vaccine (3-year) Rabies Vaccine (1-year) Rabies Vaccine (3-Year)

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