



CLIENT INFORMATION

Owner's Name: _____

Owner's Street Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Number of Animals for Surgery: Dogs: _____ Cats: _____ Patient(s) Name: _____

We need your help, Donate today!

Check one: ☐ \$5 ☐ \$15 ☐ \$25 ☐ \$50 ☐ \$_____

Hill Country Animal League is a non-profit organization and relies on donations to subsidize our low-cost spay/neuter programs.

PREAUTHORIZED CONSENT FOR SURGERY

(Please read and acknowledge by your signature)

I am the owner (owner's authorized agent) of this (these) animals and permission is granted to surgically sterilize it (them). I understand there are certain risks and complications associated with any operation or procedure of this type. In the event of injury or death, I waive all claims for damages against the Hill Country Animal League (HCAL), any veterinarian and any of the officers or employees of these corporate entities. I further understand that this does not relieve me of the obligation to pay for services rendered. I further agree that in case of post-operative emergency or complications, I will make every effort to reach HCAL at 830-249-2341, or if after hours please call your primary care veterinarian. If I must take my animal to my private veterinarian, I understand that I will assume responsibility for all expenses incurred. I also understand that I must pick up my pet(s) on the day indicated by the Hill Country Animal League personnel.

(initials) _____ I understand that complications may arise during surgery, e.g. pregnancy, in-heat dogs, retained testicles(s) in males. Additional charges are associated with these complications for which I will be responsible.

(initials) _____ A small teal tattoo will be placed near the incision to distinguish your pet(s) as altered.

PAYMENT DUE AT PICK-UP

List individual(s) authorized to reclaim this (these) animals:

Signature of Owner/Agent: _____ Date: _____



INTAKE QUESTIONS

Please check the answer to each question and initial next to each answer.
Then fill out all information at the bottom of the form, print your name clearly, sign, and date.

☐ Y ☐ N Initials: _____ Do you own this animal? I am owner of this animal, caretaker, or the authorized agent of the owner/caretaker. I am empowered to make medical decisions regarding this animal. I affirm that if this animal has a microchip registered to someone other than the current owner or caretaker, the animal has been released to my care by the person registered on the microchip or, after every reasonable effort, the person could not be found and the animal was considered abandoned by local ordinances governing animal ownership.

High-Risk Release

If any part of this form is left incomplete, we may not perform surgery.

☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal in heat?
☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal pregnant?
☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal nursing or have they had a litter recently?

Other Risk Indicators:

☐ Y ☐ N Initials: _____ Have you had this animal for 6 months or longer?
☐ Y ☐ N ☐ Unsure Initials: _____ Has the animal eaten in the last 12 hours?
☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal eating/drinking water normally in the past few days?
☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal urinating/defecating normally in the past few days (straining, diarrhea, etc.)?
☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal showing any signs of illness now (lethargic, change in behavior, etc.)?
☐ Y ☐ N ☐ Unsure Initials: _____ Does the animal have any known health problems?

If so, list the existing conditions: _____

☐ Y ☐ N ☐ Unsure Initials: _____ Is the animal on any medications at this time?

If so, list the medications: _____

☐ Y ☐ N Initials: _____ Is the animal currently treated by Vet Clinic or has it recently been treated?

If so, list Clinic, doctor, phone: _____

General Questions:

☐ Y ☐ N Initials: _____ If you are mistaken about the gender of your animal, do you still want us to do surgery? (spay instead of neuter/neuter instead of spay)

Initials: _____ If we suspect the animal is pregnant, we reserve the right to decline surgery due to higher risk factors. It is important to note that detecting early pregnancy is generally not possible. Therefore, if you have any suspicion of pregnancy and do not wish to terminate, you will need to take your pet home and reschedule for a later date.

Please print clearly and sign/date below:

Species (check one): ☐ canine ☐ feline Animal's Name: _____

First and last name (print): _____ Signature: _____ Date: _____





SURGICAL RISK AND PHOTO RELEASE

Animals may have various health issues that can significantly impact the outcome of surgery. These conditions greatly increase the risk of poor surgical response, post-surgical health, and even death.

I understand that my animal, _____, has the following medical risk factors: _____
(Name)

HCAL is equipped to surgically sterilize healthy, young animals that are in the optimum category for positive surgical outcomes. HCAL is not equipped to do the necessary blood work or interventions required to manage significant emergency situations arising from these conditions.

I am willing to assume these risks, and in the event that such problems arise, I am willing to transfer my animal to a full-service veterinary clinic for diagnosis and treatment and to assume the cost entailed. If this is not a valid option, I will consider humane euthanasia as the other option.

Please print clearly and sign/date below:

Species (check one): ☐ canine ☐ feline

Animal's Name: _____

First and Last Name (print): _____

Signature: _____

Today's Date (mm/dd/yyyy): _____

HCAL occasionally features patients on its Facebook, Instagram, associated website, and in publications (print or online). With your permission, we may share your pet's picture or story. We may ask you for a short statement regarding the care and/or assistance received at our clinic. HCAL would be grateful for your help as these stories will be used to assist in our efforts in receiving grants from our generous benefactors.

Please initial to give HCAL permission to use your pet's name and likeness in media: _____

