



Western Arizona Humane Society Veterinary Clinic
 2610 Sweetwater Ave • Lake Havasu City • AZ 86406 • (928)-846-8240

Spay & Neuter Form

Owner Name: _____ Cell #: _____ Home #: _____

Emergency Contact: _____ Phone Number: _____

Address: _____ City: _____ State/Zip Code: _____

Pet's Name: _____ Age: _____ Sex: _____ Color: _____ Breed: _____

OFFICE USE ONLY

Surgery Type:

SNIP: Yes [] No []

Spay [] Estrus: Yes [] No []

Neuter [] Cryptorchidic: Yes [] No []

Vaccines up to Date? Yes [] No []

Vaccines needed: _____

Notes: _____

Microchip: Yes [] No []

Pain Medication: Yes [] No []

E-Collar: Yes [] No []

Consent and Waiver

I (owner's full name) _____, Request The Western Arizona Humane Society Veterinary Clinic to surgically sterilize and/ or vaccinate my pet. If a condition is encountered during surgery that requires additional care or medication, I grant permission for these services to be performed and I agree to pay for the said services. ***Please be advised that there will be additional charges if a pet is in heat or has retained testicles (not visible) with charges up to \$300.00.***

I waive any and all claims for damages against The Western Arizona Humane Society Veterinary Clinic, its employees, or its agents in the event of injury, illness or death of my animal. I understand that The Western Arizona Humane Society Veterinary Clinic is not a full service animal hospital. In the event of an illness, injury or emergency I must take my animal(s) to a full service veterinary clinic or animal emergency clinic at my own expense. **No refunds for pre-paid surgeries, No Call, No Show Appointments, forfeit all advanced deposits which are nonrefundable. There will be no amount credited to account for future appointments.**

_____ Initial Here*

I hereby declare that I am the owner or agent of the owner of the animal described herein. To my knowledge, my pet is healthy and has no undeclared medical problems. If not so, please explain: _____

Client Signature: _____

Date: _____