



INTAKE FORM

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

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

Date of Surgery _____

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

Street Address _____ City _____ State _____ Zip Code _____

Animal's Name _____ Animal's Age (Years) _____ Animal's Age (Months) _____ Contact Email _____

Dog Cat

Transport Group Name _____ Animal's Breed _____ Animal's Color(s) _____

Male Female

- Has the Animal been to a veterinarian within the last 30 days? No Yes (regular checkup) Yes (vaccines) Yes (sick/injured) Please describe: _____
- Has the Animal had any previous surgeries? No Yes Please describe: _____
- Has the Animal been eating/drinking normally? No Yes
- Did the Animal have a small breakfast this morning? No Yes
- Does the Animal have any current medical/health conditions (check all that apply)? No Coughing Sneezing Vomiting Diarrhea Lethargy Vaccine reactions Allergies
Other condition (please describe): _____
- Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids? No Yes Please describe: _____

ASPCA® Veterinary Services of North Carolina, P.C. ("AVSNC") uses qualified individuals & approved medical grade 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"), as appropriate & in accordance with applicable law, to receive, transport, prescribe for, treat &/or administer rabies vaccinations, if deemed necessary, & any other vaccinations &/or services I have selected below, &/or perform an operation for sexual sterilization of the Animal.
- AVSNC is a training facility & all AVSNC surgeries are performed by or under the supervision of a licensed veterinarian. I understand that [client must initial]:
_____ **the Animal may have surgery performed by a licensed veterinarian in training or a veterinary student extern. A licensed veterinarian always supervises surgery.**
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal & I [client must initial 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 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 the inherent risks of failing to maintain current vaccinations & waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. 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 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.

Cats: Requested Vaccines & Services			Dogs: Requested Vaccines & Services		
<input type="checkbox"/> Feline distemper vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Ivermectin (Trapped cats only)	<input type="checkbox"/> Canine distemper/parvo vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Rabies vaccine (1-year)
<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Kennel cough vaccine	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Elizabethan collar
<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar

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) _____

Office/ Partner Use Owned Shelter Foster Community cat (feral) Community cat (friendly) Ear tip Microchip Updated 3/7/19

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 \$4 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). If I do not pick up the Animal at the designated time and place as described above, 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. 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.
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Date of Surgery

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Last Name

Emergency Phone (in case of complications)

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Street Address

City

State

Zip Code

Animal's Name

Dog Cat

Animal's Age (Years)

Animal's Age (Months)

Contact Email

Transport Group Name

Male Female

Animal's Breed

Animal's Color(s)

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

Office/ Partner Use	<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	Updated 3/7/19
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POST-OPERATIVE INSTRUCTIONS

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

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

Date of Surgery _____

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

Street Address _____ City _____ State _____ Zip Code _____

Animal's Name _____ Animal's Age (Years) _____ Animal's Age (Months) _____ Contact Email _____

Dog Cat

Transport Group Name _____ Animal's Breed _____ Animal's Color(s) _____

Male Female

1. Has the Animal been to a veterinarian within the last 30 days? No Yes (regular checkup) Yes (vaccines) Yes (sick/injured) Please describe: _____

2. Has the Animal had any previous surgeries? No Yes Please describe: _____

3. Has the Animal been eating/drinking normally? No Yes

4. Did the Animal have a small breakfast this morning? No Yes

5. Does the Animal have any current medical/health conditions (check all that apply)? No Coughing Sneezing Vomiting Diarrhea Lethargy Vaccine reactions Allergies

Other condition (please describe): _____

6. Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids? No 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) 434-9285. 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 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) 434-9285.

<input type="checkbox"/> Spay	Ovari hysterectomy – unless otherwise noted, there are no sutures to remove
<input type="checkbox"/> Neuter	Castration – unless otherwise noted, there are no sutures to remove
<input type="checkbox"/> Already spayed/neutered	Please contact this clinic if you have any questions or notice signs of heat
<input type="checkbox"/> In Heat	Please keep away from intact males for at least two weeks
<input type="checkbox"/> Pregnant: _____	Unless otherwise noted, there are no sutures to remove
<input type="checkbox"/> Cryptorchid	Undescended testicle(s) – your pet has two incisions
<input type="checkbox"/> Staples	_____ need to be removed in 10-14 days here or at your regular veterinarian
<input type="checkbox"/> Expect bruising near incision	Should resolve on its own after a couple of weeks

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 Eye concerns Skin concerns Dental concerns Tapeworms/internal parasites Fleas/ticks

Other: _____

VET: _____ Weight (kgs.) _____

The Animal has received these vaccinations/services today: Other _____

<input type="checkbox"/> DA ₂ LPP _v	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Ivermectin	<input type="checkbox"/> Oral meloxicam (morning after surgery) 0.1 mg/kg	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Microchip
<input type="checkbox"/> DA ₂ PP _v	<input type="checkbox"/> FVRCP	Rabies: <input type="checkbox"/> 1-year <input type="checkbox"/> 3-year	<input type="checkbox"/> Meloxicam injection _____ mg/kg	<input type="checkbox"/> Ear tip	<input type="checkbox"/> Hernia repair

Cats: Requested Vaccines & Services <input type="checkbox"/> Feline distemper vaccine <input type="checkbox"/> Ivermectin (Trapped cats only) <input type="checkbox"/> Rabies vaccine (1-year) <input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Nail trim <input type="checkbox"/> Microchip F/A <input type="checkbox"/> Elizabethan collar	Dogs: Requested Vaccines & Services <input type="checkbox"/> Canine distemper/parvo vaccine <input type="checkbox"/> Kennel cough vaccine <input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Nail trim <input type="checkbox"/> Microchip F/A <input type="checkbox"/> Elizabethan collar
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TREATMENT CARE

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Cash \$ _____
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Street Address City State Zip Code

Animal's Name Animal's Age (Years) Animal's Age (Months) Contact Email
 Dog Cat

Transport Group Name Animal's Breed Animal's Color(s)
 Male Female

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____ cc Acepromazine ____ mg/mL SQ IM IV ____ cc Buprenorphine 0.15 mg/mL SQ IV TM ____ cc Dextrose 50% SL IV (dil.) ____ cc Atipamezole 5 mg/mL IM
____ cc Hydromorphone 10 mg/mL SQ IM ____ cc TTDex IM IV ____ cc mL LRS/Saline IV SQ ____ cc Cerenia SQ IV
____ cc Ketamine 100 mg/mL IV IM ____ cc Dexdomitor ____ mg/mL IV IM ____ cc Ivermectin SQ ____ cc Convenia SQ
____ cc Midazolam/Diazepam 5 mg/mL IV IM ____ cc Lidocaine 2% (Testic. block/IV/splash) ____ cc Gabapentin 100 mg/mL PO ____ cc Dil. Phenyl 0.1 mg/mL (IV/splash)
____ cc Meloxicam 5 mg/mL SQ IM ____ cc Bupivacaine 0.5% (Line/splash) ____ cc Cefazolin 100 mg/mL SQ IV
____ cc Meloxicam 1.5 mg/mL PO ____ mg Trazodone PO

Postpartum Fatty Friable Maintained on O₂ + Isoflurane

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 Strangle knot Suture _____
Uterine stump: Transfixation Circumferential Strangle knot Suture _____
Abdominal wall: Cruciate Simple interrupted Continuous Suture _____
Subcutaneous: Simple continuous Suture _____
Skin: Subcuticular pattern Surgical glue Staples Suture _____

NEUTER
Skin incision: Pre-scrotal Scrotal
Cord ligation: Instrument tie Circumferential Strangle knot Transfixation Suture _____
Sc/skin closure: Simple interrupted Subcuticular mattress Surgical glue Staples Suture _____

Technique: Closed castration Open castration

Please see your regular veterinarian to address the following concerns about the Animal:
 Over/underweight Ear concerns Eye concerns Skin concerns Dental concerns Tapeworms/internal parasites Fleas/ticks
 Other: _____

VET: _____ Weight (kgs.) _____

The Animal has received these vaccinations/services today: Other _____
 DA₂LPPv Bordetella Ivermectin Oral meloxicam (morning after surgery) 0.1 mg/kg Nail trim Microchip
 DA₂PPv FVRCP Rabies: 1-year 3-year Meloxicam injection ____ mg/kg Ear tip Hernia repair

Cats: Requested Vaccines & Services			Dogs: Requested Vaccines & Services		
<input type="checkbox"/> Feline distemper vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Ivermectin (Trapped cats only)	<input type="checkbox"/> Canine distemper/parvo vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Rabies vaccine (1-year)
<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> Kennel cough vaccine	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar		<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar

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) _____

Office/ Partner Use Owned Shelter Foster Community cat (feral) Community cat (friendly) Ear tip Microchip Updated 3/7/19