

Application for Spay/Neuter 2215 Keeneland Commercial Blvd, Murfreesboro, TN 37127 Mail Form to: PO Box 1886, Murfreesboro, TN 37133-1886

Beesley Animal Clinic: beesleyhumane@gmail.com P:615-890-6878 www. beesleyanimalclinic.com

□ Up to 35 lbs. \$80 □ 36 − 70 lbs. \$90 □ 36 − 70 lbs. \$100 □ 71 − 80 lbs. \$105 □ 71 − 80 lbs. \$110 □ 71 − 80 lbs. \$110 □ 71 − 80 lbs. \$110 □ 71 − 80 lbs. \$100 □ Umbilical Hernia Repair post surgery \$20-\$50 □ Umbilical Hernia Repair post surgery \$20-\$50 □ PLUS cost of antibiotics □ VELIANCE CATS: (pain injection & post op pain medicine included − e-collar available upon request) □ Neuter − Male (Castration) \$50 □ Spay − Female (Ovariohysterectomy) \$55 □ Feral/Community Cat \$30 (includes both vaccinations, ear tip and sterilization) □ Pregnancy \$30 Post Surgery Fee □ Nail trim (inside cats ONLY) \$0 □ POGS: Requested Vaccines and Services □ Rabies 1yr \$15 (required for surgery) □ Rabies 3yr \$30 (must have received a 1yr Rabies before) □ Distemper/Parvo (DA2PP) \$15 (required for surgery) □ Distemper/Parvo (DA2PP) \$15 (required for surgery) □ Distemper (FVRCP) \$15 (required for surgery) □ Canine Influenza \$38 □ 4DX Heartworm Test (Heartworm, Lyme, Ehrlichiosis, Anaplasmosis) \$28	Owner: Last Name:		1	First Name:		
Pet's Name:	Address:		City:		ST:	Zip:
Est. Weight Color: Breed:						
1. Has the Animal been to the veterinarian within the last 30 days? □ No □ Yes (regular checkup) □ Yes (vaccines) □ Yes (sick/injured) (Please describe below) * 2. Has the Animal bad any previous surgeries? □ No □ Yes (Please describe below) * 3. Has the Animal been enting/drinking normally? □ No □ Yes 4. Does the Animal baw any current medical/health conditions (check all that apply)? □ No □ Coughing □ Sneezing □ Vomiting □ Diarrhea □ Lethargy □ Vaccine reactions □ Allergies □ Other condition (Please describe below) * 5. Is the Animal on any medication and/or supplements including preventatives? □ No □ Yes Please list **Pescribe any medical conditions or prior surgeries: □ Initial □ Do you have a full service vet? □ No □ Yes Were you referred by a vet? If so, which one □ By signing below, I attest that all the above is true to the best of my knowledge, PET OWNER/AGENT SIGNATURE SPAY/NEUTER SURGERY → Must be prepaid (including vaccinations, other services) prior to scheduling. We accept cash, checks and credit/debit cards (4% service fee added) NO REFUNDS All patients will be given a pre surgery exam the day of surgery DOGS: (nail trim, pain injection, e-collar & post op pain medicine included) WEUTER-MALE-Castration □ Up to 35 lbs. \$90 □ 13 6 70 lbs. \$100 □ 17 1 - 80 lbs. \$100 □ Umbilical Hernia Repair post surgery \$20-\$500 □ Umbilical Hernia Repair post surgery \$20-\$500 □ Reuter - Male (Castration) \$500 □ Neuter - Ma	Pet's Name:	□ Dog □ Cat	Birthdate: _	Age:	_	Female
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REQUIREMENTS FOR SURGERY

Pets must be in good health. HIGH RISK surgeries cannot be performed in our clinic.

Pets must be at least 9 weeks old and weigh no less than 4 pounds and no dogs over 80 pounds. No animals over 10 years of age.

I understand that it takes up to two weeks for vaccinations to protect the animal & I [client must initial one of the options]:

______ certify that the Animal has been vaccinated within one (1) year prior to this date (written proof of vaccinations will be required); or

_____ request recommended vaccinations at the time of surgery, as selected above, 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 risks in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as 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, an illness 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 BAF &/or any BAF Party has the right to refuse any service &/or procedure at 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. We encourage surgical patients to have blood work performed with a full service vet prior to surgery.
- 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 on 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 the clinic. 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 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.

PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, & INFORMATION ABOUT YOUR ANIMALS TREATMENT BELOW

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREED TO THE TERMS IN THIS AGREEMENT AND ALL ATTACHMENTS

SIGNATURE OF OWNER OR AUTHORIZED AGENT	DATE:	

<u>ADDITIONAL IMPORTANT TERMS, CONDITIONS & INFORMATION REGARDING YOUR ANIMALS</u> TREATMENT

- 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*. If I suspect the Animal has any post operative complications, I agree to follow *the Post-Operative Instructions* that will be provided to me upon discharge.
- I understand that I, or someone authorized by me, must pick up the Animal from the clinic by the designated time given by the Medical staff. If I do not pick up the Animal at by the designated time, I agree to pay a \$15 fee for late pickup.
- I understand & agree that the BAF & BAF 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 procedures(s) to be performed on the Animal &/or any vaccinations to be given 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. 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 UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & BAF, & (E.) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.