



# ADMISSION FORM 2026

Transport/Rescue Name: \_\_\_\_\_

<b>OWNER INFO</b>	<b>Owner Name</b>	<b>Owner Address</b>	<b>Date of Surgery</b>
	<b>Phone Number (Where you can be reached TODAY)</b>		<b>Email</b>
<b>PET INFO</b>	<b>Animal Name</b>	<b>Species / Sex</b>	<b>Age</b>
	<b>Breed</b>	<b>Notes / Backup Emergency Name &amp; Phone</b>	
	<input type="checkbox"/> I certify that my animal is up to date on a rabies vaccine and have proof in the form a rabies certificate (hard copy). <input type="checkbox"/> I certify that my animal is NOT up to date on a rabies vaccine and will receive one for an additional \$18.		

<b>SERVICES</b>	<b>Requested Services</b>	<b>Additional Services</b> <input type="checkbox"/> Rabies (12 weeks & older) <b>\$18</b> <input type="checkbox"/> FVRCP (feline distemper, cats) <b>\$18</b> <input type="checkbox"/> DA2PP (Distemper/Parvo, dogs) <b>\$18</b> <input type="checkbox"/> Bordetella (Kennel cough, dogs) <b>\$18</b> <input type="checkbox"/> Advantage Multi (or generic) <b>\$18</b> <input type="checkbox"/> Bravecto (3-month flea/tick) <b>\$18/36</b> <input type="checkbox"/> Profender (dewormer only, cats) <b>\$18</b> <input type="checkbox"/> Trazodone (dogs only) <b>\$10</b>	<input type="checkbox"/> Ear tip (community cats) <b>\$0</b> <input type="checkbox"/> Microchip <b>\$25</b> <input type="checkbox"/> Extra pain medication (cats) <input type="checkbox"/> Nail trim <b>\$15</b> <input type="checkbox"/> Elizabethan collar <b>\$15</b> <input type="checkbox"/> Surgical recovery suit <b>\$18</b> <input type="checkbox"/> Ear cleaning (dogs) <b>\$20</b> <input type="checkbox"/> Anal Glands (dogs) <b>\$20</b>	<b>Shelter/rescue partners only</b> <input type="checkbox"/> Heartworm test (6+ mo. dogs) <input type="checkbox"/> FeLV/FIV Test (cats)
-----------------	---------------------------	--	--	---

All spay or neuter surgeries are performed by licensed veterinarians (DVMs), and every patient is given pain medication. However, 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. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the animal named above, hereby request and authorize a Humane Ohio veterinarian to spay or neuter the animal named on the above portion of this form.

I understand that the spay or neuter procedure presents some hazards and that injury or death may conceivably result because there is some risk associated with the procedure and the use of anesthesia.

I certify that my owned pet is up to date with their rabies vaccine and will provide proof in the form of a rabies certificate, or I understand that my animal will be given a one-year rabies vaccine at the time of the appointment for an additional cost. I understand that it may take up to two weeks from the time of the vaccination for maximum protection. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the clinic visit for the spay or neuter procedure 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 certify that my animal is in good health and has had no food since 12 midnight the evening prior to the spay or neuter (except puppies/kittens under four months old which are able to eat up to 6 am the day of surgery).

I understand that Humane Ohio has the right to refuse service to any animal to whom the spay or neuter procedure is deemed a health risk. I understand that some factors may increase surgical risk, including, but not limited to, obesity, pregnancy, heart murmur, geriatric, lactating, and diseases such as diabetes, epilepsy, FIV, Feline Leukemia and heartworms. Should complications surrounding the spay or neuter occur that require full service veterinary care, I understand that Humane Ohio is not equipped to offer these services.

I understand that Humane Ohio will perform a brief physical exam (if possible depending on the animal's temperament) before the spay or neuter, but that Humane Ohio is not a full service veterinary clinic and may not be able to detect any or all existing health issues so it's important that I see my regular veterinarian beforehand. Additionally, if my animal does not have surgery today, I am subject to a non-refundable \$25 exam fee (taken from the spay/neuter deposit) for Humane Ohio's time to examine the animal.

I understand that if my animal is pregnant, the pregnancy will be humanely terminated at the time of the spay.

I understand that if my animal has an open umbilical hernia or if he is cryptorchid (undescended testicle), it will be repaired at the time of surgery at an additional charge (\$35-100). I understand extra pain medication will be strongly encouraged for these procedures, if not already selected.

I understand that excessive fleas will be treated at the veterinarian's discretion with a 24-hr flea treatment (Capstar) for an additional charge. I further understand that there are risks to not maintaining my animal on flea preventative and that if the animal contracts fleas while at the clinic, I am responsible for treatment at my own cost.

I understand that if I do not pick-up my animal on the day/time given to me, Humane Ohio has the right to charge a daily boarding fee per animal.

I hereby release Humane Ohio, all veterinarians, technicians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the spay or neuter procedure or any adverse reactions from medication or vaccinations. I agree that I have not and will not claim any right to compensation from them, or any of them, or file action as a result of the spay or neuter or attempted spay or neuter of the animal named on this application or any consequences related thereto.

**YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN SPAYED OR NEUTERED.**

**OWNER'S SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

Humane Ohio Spay/Neuter Clinic  
3948 W. Alexis Rd., Toledo, OH 43623

**Animal ID:** \_\_\_\_\_

**Animal Came In:**  Carrier  Trap



# MEDICAL RECORD

Change(s) needed to be entered  Approved/Denied per questionnaire

Recommendations to call on:  Flea Tx  Abx  Pain Meds

Other: \_\_\_\_\_

Called \_\_\_\_\_  LM  TTO  Approved  Declined  Unavailable

<b>PET INFO</b>	<b>Animal Name</b>	<b>Species / Sex</b>	<b>Age</b> yr, mo	<b>Primary / Secondary Color</b>
	<b>Breed</b>			<b>Notes / Emergency Contact Number</b>

**Additional Medications:**

- |                          |                           |                                |                           |
|--------------------------|---------------------------|--------------------------------|---------------------------|
| ____ cc Ace IM SQ        | ____ cc Antisedan IM SQ   | ____ cc Buprenorphine IV IM SQ | ____ cc Morphine IM SQ    |
| ____ cc Telazol IV IM    | ____ cc Meloxicam SQ      | ____ cc Ivermectin AS AD AU SQ | ____ cc Ampicillin SQ     |
| ____ cc Naloxone IV IM   | ____ cc Atropine IV SQ IT | ____ cc Epinephrine IV IT IC   | ____ cc Euthasol IV IP IC |
| ____ cc Dexdomitor IV IM | ____ cc Dopram OTM        | ____ cc Butorphanol IV IM SQ   | ____ cc Convenia SQ       |
| ____ cc LRS IV SQ        | ____ cc Lidocaine         | ____ cc Diphenhydramine IM SQ  | ____ cc TTDex IM          |
| ____ cc Propofol IV      | ____ cc Vitamin B12 IV SQ | ____ cc Ondansetron IV IM SQ   | ____ cc _____             |

Rx

Hydrometra/Mucometra  Pyometra  Dystocia  
 Postpartum  Friable  Lactating  
 Extended Incision  Cyst on Ovary ( Left/  Right)

**Ovariohysterectomy:** Ventral midline incision; Ovarian pedicles:  
 Dog: Ligature; Cat: Instrument tie (or Ligature if checked );  
 Ligation of uterine stump; abdominal closure: interrupted cruciate  
 pattern; continuous SC and intradermal closure.

ABN  No Testicles Palpable  Tattoo  No Penile Spines  
 ABS  Incisional Scar  Tattoo  Verified Via Exploratory  
 OHE  Induction  
 In Heat  Enucleation  Entropion Repair  
 Flank Spay  
 Pregnant  1  2  3 trimester  
 Neuter  
 Dog: Scrotal incision (or pre-scrotal if checked ); Ligature on cord  
 (or instrument tie if checked ); Closed (or open if checked   
 Cat: Scrotal incision; Closed (or open if checked ); Instrument tie  
 Cryptorchid Retained testicle  Left  Right  Inguinal  
 Abdominal  
 Umbilical Hernia Repair  Non-reducible Hernia  
 Dr. MM  Dr. CS  Dr. JNM  Dr. MS  Dr.

**Post Sx Recommendations:**

- E-collar  Give Benadryl \_\_\_\_ mg  
 Cold Compress  Warm Compress  
 Cage Rest  Staple/Suture Removal

**Cat Drugs**

**TTDex:** (100mg/ml Telazol; 0.25mg/ml Dexmedetomidine; 5mg/ml Butorphanol)

1.8-2.1#=0.05ml/kg	2.2-2.7#=0.04ml/kg
2.8-3.1#=0.035ml/kg	3.2-3.6#=0.03ml/kg
3.7#& up=0.025ml/kg	

Meloxicam(5mg/ml) 0.1mg/kg SQ

\* For cats 8.5 lbs and over, the 9 lb dose is given regardless of weight for safety

**Dog Drugs**

Acepromazine (10 mg/mL) at 0.05 mg/kg SQ (pre-med)  
 Hydromorphone (10mg/ml) at 0.1 mg/kg SQ (pre-med)  
 Telazol (100 mg/mL) at 1 mg/lb IV (induction)  
 Meloxicam (5 mg/mL) at 0.1 mg/kg SQ (pre-op)

**Male Animals Only:** Lidocaine (20mg/ml) 1.1mg/kg IT block (pre-op)

**Concerns Noted:**  Overweight  Underweight

Fleas  Flea Dirt  Severe Flea Infestation  Flea Allergy Dermatitis  
 Lice  Ticks  Skin Condition  Wearing Flea Collar  
 Diarrhea  Vomiting  Dehydrated  Bloody Urine  Tapeworms  
 Roundworms  Too Young for Rabies  Dirty Ears  Ear Mites  
 Ear Infection  Dental Tartar  Gingivitis  Stomatitis  
 Dental Disease  Retained Baby Teeth  Rodent Ulcer  
 Polyp ( Aural  Nasopharyngeal)  
 Eye Discharge ( Non-infectious  Infectious/Ulceration)  
 Eye Condition  Persistent Pupillary Membranes  
 URI  Nasal Discharge ( Clear  Infectious)  
 Heart Murmur  Heart Arrhythmia  Wearing Unsafe Cat Collar  
 Wound/Abscess  Mass  Mats  
 Other: \_\_\_\_\_

Services Requested	Received	Services Requested	Received	Services Requested	Received
<input type="checkbox"/> Rabies (12 weeks & older)	<input type="checkbox"/> _____	<input type="checkbox"/> Ear-tip (community cats)	<input type="checkbox"/> _____	<input type="checkbox"/> Heartworm test	<input type="checkbox"/> _____
<input type="checkbox"/> FVRCP (feline distemper)	<input type="checkbox"/> _____	<input type="checkbox"/> Microchip	<input type="checkbox"/> _____	<input type="checkbox"/> pos (+) <input type="checkbox"/> neg (-)	
<input type="checkbox"/> DA2PP (Distemper/Parvo)	<input type="checkbox"/> _____	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> _____	<input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> _____
<input type="checkbox"/> Bordetella (Kennel cough)	<input type="checkbox"/> _____	<input type="checkbox"/> Surgical recovery suit	<input type="checkbox"/> _____	<input type="checkbox"/> neg (-) <input type="checkbox"/> FeLV+ <input type="checkbox"/> FIV+	
<input type="checkbox"/> Flea Treatment & Dewormer	<input type="checkbox"/> _____	<input type="checkbox"/> Cat pain medication	<input type="checkbox"/> _____		
<input type="checkbox"/> Imoxi / Midamox / Barrier		<input type="checkbox"/> Nail trim	<input type="checkbox"/> _____		
<input type="checkbox"/> Bravecto <input type="checkbox"/> Profender		<input type="checkbox"/> Ears Cleaned	<input type="checkbox"/> _____		
<input type="checkbox"/> Trazodone (dogs)	<input type="checkbox"/> _____	<input type="checkbox"/> Anal Glands	<input type="checkbox"/> _____		

**Official Use Only Weight:**

**Animal ID:**