

Patient ID #:



The Fix Is In, Inc.
PO Box 32
Lake Tomahawk WI 54539
www.thefixisin.org

715-550-SPAY (7729)

SHELTER/RESCUE ANIMAL INTAKE FORM

(Please print neatly; Answer fully and truthfully)

Donation-Thank you!	Paid: _____
\$ _____	Owed: _____
	Refund: _____
	Total: _____

SHELTER/RESCUE INFORMATION

Organization Name: _____

Authorized Representative Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____


Phone/s: _____

PATIENT INFORMATION

Patient Name: _____	Species: Dog Cat	Sex: Male Female	Age: _____
Color/Markings: _____	Breed: _____ (For Cats -- short or long hair?)	When did pet last eat?	
If female, has pet had a litter before?	If yes, when was the last litter?	If female, when was pet's last heat cycle?	
Does pet have any current medical conditions (including coughing, sneezing, vomiting, diarrhea)? If yes, please describe:			YES NO
Pet's current medications, including any flea, tick or ear mite treatments:			
Has pet ever been to a veterinarian?			YES NO
Is pet current on vaccinations? If yes, please list last vaccination and date below:			YES NO
Should we use extra caution when handling pet? ___YES ___NO. Is there any additional information we need to know about pet today? (Any previous reactions from vaccinations, anesthesia, history of seizures, etc):			

SHELTER/RESCUE TREATMENT REQUEST

Place an X in front of the services pet should receive today **in addition** to the spay/neuter surgery:

<p>FREE with surgery:</p> <p>___ Rabies Vaccination: <input type="checkbox"/> 1-year <input type="checkbox"/> 3-year Required for dogs over 5 mo of age by the state of WI unless rabies certificate presented. Proof of prior rabies required for 3-year.</p> <p>___ Nail Trim</p> <p>___ Ear Cleaning</p> <p>___ Feral/Barn/Outdoor/Community Cat* *Mandatory Ear Tip, Revolution included </p>	<p>ADDITIONAL SERVICES (FEES APPLY):</p> <p>___ Distemper Vaccination <input type="checkbox"/> 1-year <input type="checkbox"/> 3-year (DHAPP or FVRCP)</p> <p>___ Additional Take Home Pain Medication</p> <p>___ Heavy Dog Fee (60+ pounds)</p> <p>___ Microchip (lifetime registration/updates)</p> <p>___ If my pet has ear mites, treat today</p> <p>___ If tape worm segments are found on my pet, treat today</p> <p>___ E-collar/cone</p> <p>___ Retained Testicle</p> <p>___ Hernia Repair</p> <p>___ Carrier Box</p>
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INFORMATION PROVIDED ABOUT MY PET IS TRUE & ACCURATE TO THE BEST OF MY KNOWLEDGE. I GIVE MY INFORMED CONSENT FOR TREATMENT TODAY.

X _____ **Authorized Signature**

X _____ **Date**

Witness by The Fix Is In, Inc.

Date

Clinic Use Only:			
SX		Rev	
HD		TWT	
D		CB	
PM		HR/RT	
MC		AB	
EC		AGE	
TOTAL FEE DUE			

AT PICK UP: WHITE COPY: CLINIC YELLOW COPY: CLIENT

Rabies Tag #: _____

SHELTER/RESCUE CONSENT AND FULL RELEASE OF LIABILITY

I am of legal age (18 or older) and lawfully authorized to make decisions on behalf of the animal described herein on the "Shelter/Rescue Animal Intake Form". I authorize and give my full consent to The Fix Is In, Inc., its employees, volunteers, and/or agents (collectively the "The Fix Is In, Inc.") to receive, prescribe for, treat, anesthetize, surgically sterilize, vaccinate, and provide other related medical care and services as requested or as deemed necessary by The Fix Is In, Inc. (referred to here as the "Procedure") for the animal. I agree to pay according to the fee schedule set forth by The Fix Is In, Inc.

I understand that the animal may receive a small tattoo on his or her underside to show that he or she has been sterilized. I understand the animal shall be administered with local and/or general anesthesia for surgery. I also understand that there are risks associated with the Procedure. I acknowledge that I have discussed with The Fix Is In, Inc. mobile clinic staff the risks inherent in this type of surgical procedure, vaccine administration, and/or related medical care and services, including, without limitation, post-operative infection or death. With this knowledge, I have decided to go forward with the Procedure. I understand and agree that The Fix Is In, Inc. shall not be liable to or held responsible by me in any manner for, or in connection with, the Procedure to be performed for the animal. I agree to hold The Fix Is In, Inc. harmless from and against any liability and damages that may arise in relation to, or resulting from, the Procedure for the animal, including as to any claims of negligence.

If, in the course of the Procedure, a condition is discovered that requires medical attention, including additional procedure(s), the attending veterinarian may in his/her absolute and sole discretion, perform such treatment and/or procedure without seeking additional authorization or consent from me. I consent to such treatment and/or procedure and agree to pay for them. I understand if the animal is pregnant the pregnancy will be terminated during the procedure. I will take full responsibility, financially and for the care of the animal, if the animal becomes ill, unless the illness is a postoperative complication caused directly by the surgery. If I suspect that the animal has such a postoperative complication, I agree to follow the verbal and written Post-Operative Care Instructions given to me at discharge. I also agree to notify The Fix Is In, Inc. promptly by phone and in writing using the contact information stated on the Post-Operative Care Instructions. I understand that medical staff can refuse to perform any procedure on any animal for any reason. Such refusal is the sole discretion of the attending veterinarian. I agree to abide by the instructions for Client/Caretaker Whose Animal Has Bitten or Scratched a Fix Is In, Inc. employee, volunteer, or independent contractor. A copy of these instructions is available upon my request.

I understand that my animal shall be picked up from the mobile clinic by me, or by someone authorized on my behalf, at the time designated by the clinic staff, on the same day as surgery/vaccinations. If the animal is not picked up at the designated time on that day, I understand that The Fix Is In, Inc. shall have no obligation to wait or to contact me, and that the animal may be considered by The Fix Is In, Inc. to be abandoned by me. In that event, I understand that The Fix Is In, Inc shall have discretion to deal with the animal as it deems appropriate. If the animal is returned to me, I agree to pay \$20/night fee in addition to any related costs to medicate or provide for the animal. I understand and agree that photos may be taken of my pet and used in outreach and publicity materials produced by or for The Fix In, Inc.

I understand that this "Shelter/Rescue Consent and Full Release of Liability" is a legal document. I have read this document carefully and have had sufficient time to consider whether to sign it. I fully understand its content, including that by signing below I am giving a full release of liability for any claims related to, or resulting from, the Procedure for the animal. I voluntarily consent to all of the terms of this Owner's Consent and Full Release of Liability.

X _____
Authorized Signature

X _____
Date

Witness by TFII