



Animal name (please list all names used for this animal):

_____ Dog Cat Male Female

Breed _____ Color/Markings _____

Aggressive: No Yes (please explain): _____

1. When was the last time your animal ate?

2. Please list ANY medications your pet is taking (include anything besides food/treats that goes in his/her mouth):

3. Other concerns:

Foster/Adopter Contact information:

- a. Name _____

- b. Phone number(s) _____

- c. Are you picking up after surgery? If no, please list the name and contact information of the person picking up:

I understand that there is a there is risk involved with EVERY anesthesia and EVERY surgery and I recognize that the medical staff at HPA! Will do their best to use safe medications and protocols. I understand that even with young, healthy animals there is a risk of complication or death.

All medical procedures are at the Dr.'s discretion and only medically necessary procedures will be completed.

Signature: _____