



County of Mendocino Animal Care Services
Clinic / Care-A-Van
 298 Plant Road, Ukiah, CA 95482 (707) 463-4782 (707) 513-7604

Owner Name: _____ Date of Service: _____

Mailing Address: _____ Physical Address: _____

City: _____ State: CA Home Phone: _____ Cell#: _____

Animal Information: DOG CAT MALE FEMALE Name: _____

Breed: _____ Color: _____ Age: _____

I request the following vaccines be given to my pet: (All vaccines are \$13 - \$30 per inoculation)

Please circle: RABIES LICENSE DHLPP DAPP BORD FVRCP FELV MICROCHIP HW TEST FeLV/FIV TEST

SURGERY RELEASE STATEMENT

As the owner/agent, I hereby authorize Mendocino County Animal Care & Control (AC&C) to perform spay/neuter surgery on my animal. I understand that anesthesia involve some risks and potential complications. I also authorize AC&C to provide additional emergency procedures that may be therapeutically necessary during the course of surgery.

AC&C and/or its designee agree to use all reasonable precautions against injury, escape, or death. AC&C and/or its designee will not be held responsible in any manner whatsoever or under any circumstance. I will assume all risks involved with this procedure and related to after care.

I understand that all animals must be picked up at the time designated by the staff on the day after surgery. I will be responsible for the boarding of my pet and other related fees if I do not claim my animal at the designated time. If I do not claim my animal within 10 business days, the animal will be considered abandoned and will be dealt with according to state law.

EMAIL ADDRESS _____

I have read and understand the foregoing and agree. _____ Date: _____

Signature

County Use Only: Doctor: _____ Weight: _____ lbs.

Pre-Anesthetic: _____ Anesthetic: _____

Surgery/Procedure: The patient was clipped, prepped and draped in a routine fashion.

Ovarian-Hysterectomy: A ventral midline incision was made into the abdominal cavity. The ovarian pedicles and uterine stump were transected and ligated using _____ suture. The abdomen was closed in three layers using _____ suture.

Notes: _____

Castration: A ventral midline pre-scrotal incision was made/ or two scrotal incisions were made. Two testes were excised and ligated. The incision was closed using _____ suture.

Post-Op meds/Comments: _____

SERVICE	FEE	TREATMENT #	TEST RESULTS	
_____	_____	_____	_____	M/C No. _____
_____	_____	_____	_____	Rabies Tag No. _____
_____	_____	_____	_____	License No. _____
_____	_____	_____	_____	Receipt No. _____

TOTAL \$ _____ CASH CHECK RESCUE GROUP _____