

SAVED - Client Check In Sheet

Owner Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

I am a resident of Stanislaus County : YES NO

Proof of ID & Residency in Stanislaus County

Driver's License State ID Card Passport Green Card

Qualified Low Income Status

Qualified LOW Income Rates - Applicant must provide ONE of the following:

EBT Card (Electronic Benefit Transfer Card from Stanislaus County) – qualifier for Food Stamps

CSA Benefit Sheet Print Out (Stanislaus County Community Service Agency) – Print outs can be obtained from the CSA office. Call CSA at 558-2777.

BIC (Medi-Cal Benefit Identification Card)

Federal or State Income Tax Return – must be below 200% of the Federal Poverty Level

Qualified ULTRA LOW Income Rates

Federal or State Income Tax Return- Must be at or below the Federal Poverty Level.

PET INFORMATION

Name: _____ Species: DOG CAT

Breed: _____ Color: _____ Age: _____

Medical History:

Current medications or illnesses: _____

Form of Payment: NO CHECKS ACCEPTED

VISA / MC CASH

**ANIMALS MUST BE PICKED UP BY 4:00PM.
THERE WILL BE A \$50.00 CHARGE IF YOUR
ANIMAL HAS TO TRANSPORTED TO A
24 HOUR VETERINARY FACILITY.**

INITIAL _____

Signature: _____

Surgical Release Form

SAVED Spay Neuter Clinic uses only qualified staff and approved materials for all procedures performed. It is important for you to know that risk of injury and death, although 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 for the pets named below, hereby request and authorized SAVED, Inc., through whomever veterinarians they designated, to perform an operation for sexual sterilization of the animal named:

Pet's name: _____ **Species:** CAT / DOG **Breed:** _____ **Sex:** Male / Female

- I understand that operations presents some hazard and that injury to or death of such an animal may conceivable result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
- I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccines to protect my animal.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.
- I understand that Saved Neuter Clinic has the right to refuse services to any animal to whom surgery is deemed a healthy risk.
- I understand that some factor significantly increase surgery risk, including but not limited to, pregnancy, heat and diseases such as feline immunodeficiency virus. Feline Leukemia virus, heartworm and other respiratory diseases.
- I understand that if my animal is pregnant, pregnancy will be terminated at surgery.

I understand that if I don't retrieve my pet within 24 hours SAVED Inc. will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of California. If the above occurs I will still be held responsible for paying services rendered by SAVED Inc..

I hereby release SAVED Inc., all veterinarians, assistants and employees from any and all claims arising out of or connected out of or connected with the performance of this procedure or any

Adverse reactions from vaccinations or anesthetics. I agree that I have not and will not claim any right of compensation from them, or any of them, or file actions by reason of such sterilization or attempt sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Saved Inc. harmless for damages caused during the transportation of animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather natural disaster or acts of God.

Print Name: _____ Date: _____

Signature: _____