



REMOTE COMMUNITY CLINIC: Implant/Vaccine consent



Community: _____ Date: _____

Owner Name:	Pet Name:
Phone #	Breed:
Treaty#	Color: Sex:
Address:	Age: Weight:

WHAT IS THE PET HERE FOR TODAY? Vaccines ☐ Deworming ☐

Birth Control implant (SUPRELORIN 9.4 mg Temporary Sterilization): ☐

<p>IMPLANT CONSENT</p> <p>I give consent for the Winnipeg Humane Society to implant my dog with Suprelorin 9.4mg to provide temporary sterilization. Male and female dogs need to be kept separate for 8 weeks post implant as there is a delay in efficacy of the implant. After 8 weeks, the implant will provide temporary sterilization of your dog for up to 12 months in males and females. The implant may initially cause your female dog to go into heat so keeping her away from males is particularly important. If she happens to be bred in the 8 weeks after implantation, she will likely abort the litter before birth. This implant may predispose your female dog to an infection in the uterus called pyometra which would result in her needing to be surgically sterilized. Other potential complications in females include prolonged bloody vaginal discharge or heat. Swelling at the injection site for 14 days post implantation can be normal. The implant is only a temporary method of sterilization lasting up to 12 months. Hair loss may also be noted at the injection site. Dogs with known dog-dog /dog-person/dog-animal aggression may experience an increase in aggressive behavior after implant sterilization.</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p>	<p>Vaccine CONSENT: I give consent for the Winnipeg Humane Society to perform the above procedures on my animal. I acknowledge that these procedures are being performed in a facility that has not been inspected by the Manitoba Veterinary Medical Association. I acknowledge that the Veterinarian will attempt to contact me to advise on essential procedures. If I cannot be reached, they will do what is in the best interest of the animal. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. I have read and accept the admission information. I agree to have my information shared with the Winnipeg Humane Society, and the Band office for statistical research purposes.</p> <p>SIGNATURE: _____ Date: _____</p> <p>Photo/Video Consent: I understand that at this event, photos and videos may be recorded. By attending this event, I and/or my pet(s) may be included in these photos and videos. I give permission for the WHS to use these photos or videos for educational, archival or promotional purposes.</p> <p>Signature: _____</p> <p>Date: _____</p>
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PE: Normal ☐ Abnormal ☐ _____

_____ **Vet:** _____

BCS: _____ Vaccines: DA2PP ☐ Rabies ☐ Lot/Exp _____

Rabies Tag# _____

SUPRELORIN 9.4 mg IMPLANT location: _____ Lot: _____

Exp: _____

Dewormer: _____ Rx meds: _____

_____ **Total cost:** _____