

SPAY/NEUTER VOUCHER

642 N Masonic St., Millen, GA 30442 / www.jenkinscountyk911rescue.com

I hereby consent and authorize _____ to receive, prescribe for, treat and operate upon:

Part 1A: PET INFORMATION

Cat Dog			Female Male		<input type="checkbox"/> MAMMA DOG* <input type="checkbox"/> NEEDS RABIES SHOT
Species	Pet's Name	Color / Breed	Sex	Age	

*Jenkins County K911 has taken in her puppies on the condition she is spayed.

PART 1B: PET OWNER INFORMATION

Name (Last, First)	Street Address	City	State	Zip	
Phone (Home)	Phone (Cell)	Email			

The above described pet lives at my home address and I attest that the above information is true and correct to the best of my knowledge. I agree that a representative of Jenkins County K911 Rescue may contact me to schedule a time to visit, and so visit, my home to verify this animal.

I understand my pet may have pre-existing health conditions, which may not be apparent at the time of surgery and could increase anesthetic and post-surgical recovery risks. I also understand that preoperative lab work such as CBC, BMP, EKG, etc. **will not** be performed before surgery and am agreeable with this. I also understand that if my pet is pregnant, she will still be spayed. I hereby consent to the pre-surgical rabies immunization, if required, and spay/neuter of the pet described above.

I understand the members and volunteers of Jenkins County K911 Rescue are contracted through Screven County Veterinary Services and Dr. Pat M. Dyar, DVM. I understand that the veterinarian performing surgery will take all reasonable precautions against injury, escape, or other destruction of the animal(s). I hereby agree the members, volunteers and employees of Jenkins County K911 Rescue and the veterinarian facility performing surgery will not be held liable or responsible in any manner whatsoever on account of the care, treatment, transport, or safekeeping of the animal(s) described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

I agree to participate in this program, assume all risks and voluntarily agree to this waiver of liability. ***I have read the above and agree to all terms and conditions.***

*****(REQUIRED)** _____
Signature of Pet Owner

DATE _____

PART 2-VETERINARIAN INFORMATION TO BE COMPLETED BY CLINIC

Hospital/Clinic Name: Screven County Veterinary Services	Date of Surgery: Weight of Animal:
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- Rabies vaccine administered
- If No: Refused
- Too Young
- Not Needed
- DHLPP/FVRCP administered
- Feline Leuk/FIV Test: POS NEG
- Heartworm Test: POS NEG
- De-worming
- Heartworm Preventative

I HEREBY ATTEST THAT SPAY/NEUTERING/IMMUNIZATION OF THIS ANIMAL WAS CARRIED OUT AS RECORDED ABOVE.

SIGNATURE OF VETERINARIAN PERFORMING SURGERY:

DATE:

Letter of Approval		
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All applications must be printed out , filled out completely and mailed to Jenkins County K911 Rescue for approval. You will then be contacted by one of our directors and notified of date and time of your scheduled appointment.

Contact Information..... Jenkins County K911 Rescue
624 North Masonic Street
Millen, Ga 30442