



Saving lives through education, prevention & intervention

SPAY/NEUTER VOUCHER

P. O. BOX 437 WAYNESBORO, GA 30830 / 706-360-9564 / GIRARD LIFESAVER, INC.

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

PART 1A: PET INFORMATION

SPECIES	PET'S NAME	COLOR	BREED	SEX	AGE	
CAT DOG				M F		<input type="checkbox"/> MAMMA DOG <input type="checkbox"/> NEEDS RABIES SHOT

PART 1B: PET OWNER INFORMATION

Name (Last, First)		Street Address	City	State	Zip
Phone (Home)		Phone (Work or 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 Girard Lifesaver, Inc. may contact me to schedule a time to visit, and so visit, my home to verify this animal.

I understand my pet may have a pre-existing health condition, which may not be apparent at the time of surgery and could increase anesthetic and post-surgical recovery risk. 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 Girard Lifesaver, Inc. and 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 Girard Lifesaver, Inc. 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 also understand that my pet will be free of fleas and will be bathed/cleaned. If, at the time of the spay/neuter of your pet, there is found to be fleas, the doctor – at their discretion, will treat. **PLEASE READ: You will be responsible for the extra fees incurred for this service when the pet is picked up. If your pet has already had a rabies vaccination, proof of such will need to be shown at the time of the spay/neuter surgery. This is not only to protect the veterinarian, their staff and others, but your pet as well.**

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) _____ DATE _____ ***
 SIGNATURE OF PET OWNER

PART 2—VETERINARIAN INFORMATION, TO BE COMPLETED BY CLINIC

HOSPITAL/CLINIC NAME:	DATE OF SURGERY:
	WEIGHT OF ANIMAL:

<input type="checkbox"/> Rabies vaccine administered	<input type="checkbox"/> DHLPP/FVRCP administered		
If No: <input type="checkbox"/> Refused	<input type="checkbox"/> Feline Leuk/FIV Test:	POS	NEG
<input type="checkbox"/> Too Young	<input type="checkbox"/> Heartworm Test:	POS	NEG
<input type="checkbox"/> Not Needed	<input type="checkbox"/> De-worming		
	<input type="checkbox"/> 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:	Telephone Confirmation:	Rabies Vaccination Tag #
---------------------	-------------------------	--------------------------

