

APPLICATION & CONSENT FORM
CABARRUS SPAY/NEUTER CLINIC

Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Home _____ Work _____ Cell _____

Email *Required if getting a microchip for registration* _____

Animal Information

Name _____ Sex _____

Breed _____ Weight _____

Color _____ Age _____

Please Check

CAT

_____ MALE CAT NEUTER - \$50.00

_____ FEMALE CAT SPAY - \$75.00

_____ Pain Meds - \$10

_____ E-Collar (So pet doesn't lick surgery site!) - \$5

_____ Cat Rabies Vaccine (required if not current) - \$10

_____ Cat FVRCP Vaccine (required if not current) - \$10

_____ FeLV/FIV Combo test - \$25.00

_____ Microchip - \$20

_____ Nail Trim - \$10

DOG

- _____ MALE DOG NEUTER - \$80.00
- _____ FEMALE DOG SPAY (under 40 pounds) - \$100.00
- _____ FEMALE DOG SPAY (over 40 pounds) - \$120.00
- _____ Pain Meds - \$10
- _____ E-Collar (So pet doesn't lick surgery site!) - \$10

- _____ Dog Rabies Vaccine (required if not current) - \$10
- _____ Dog Distemper Vaccine (required if not current) - \$10
- _____ Dog Bordetella Vaccine (required if not current) - \$10

- _____ Microchip - \$20
- _____ Nail Trim - \$10
- _____ Anal Gland Expression - \$10
- _____ Nail Trim AND Anal Gland Expression COMBO - \$15

- _____ Heartworm Test - \$20
- _____ Heartworm Prevention 6 month pack (Needs NEGATIVE HW test. Can buy up to 1 year supply per dog):
 - _____ Triheart <25# \$25
 - _____ Triheart 26-50# \$35
 - _____ Triheart 51-100# \$40

Extra Charges *May not find out until time of Surgery*

- _____ Female Cat – Pregnant - \$15.00
- _____ Female Dog – Pregnant - \$25.00
- _____ Male Dog – Only 1 testicle in scrotal sac - \$30.00
- _____ Male Cat – Only 1 testicle in scrotal sac - \$30.00

Additional Items

- _____ Umbilical Hernia Repair (at time of spay/neuter surgery) - \$20
- _____ Rear Dewclaw Removal (at time of spay/neuter surgery) - \$20 per foot
- _____ Baby tooth extraction (at time of spay/neuter surgery) - \$20 per tooth

- _____ Broad Dewormer (treats hookworms and roundworms) - \$15 for 2 doses
- _____ Tapeworm Deworming
 - Cats - \$10
 - Dogs < 10# - \$10
 - Dogs 11-64# - \$15
 - Dogs >65# - \$20
- _____ Fecal Exam - \$15
- _____ Topical Flea Prevention Single Dose- \$15
- _____ Oral 3 month flea and tick prevention- \$45 (Bravecto- 1 pill lasts 3 months)
- _____ Cardboard carrier - \$10
- _____ Antibiotics - \$20

Donation: We are a 501-C3 Non-Profit Organization. Donations are always appreciated, never required.

\$_____

Medical History

Any known allergies _____

Any previous medical/surgical conditions _____

Any previous anesthesia/surgical complications _____

Has your DOG been heartworm tested: Yes No Results _____

Has your CAT been FELV/FIV tested: Yes No Results _____

Primary Veterinary Hospital Used

How did you hear about us?

Newspaper_____ Car_____ Sign _____ Yellow Pages _____

Friend_____ Rescue group_____ Vet_____ SIF_____ Internet_____

Have used us before _____

Cabarrus Spay & Neuter Clinic Admission Form

Date of Surgery _____ Pet's Name _____

Cabarrus Spay & Neuter Clinic uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely 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 of the pet named above, hereby request and authorize CSNC, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I understand that the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of the 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 CSNC has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that CSNC may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full service veterinarian. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery and there will be an additional charge of \$15 for cats and \$25 for dogs.

I hereby release the CSNC, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilizations of such animal or any consequences related thereto. Owner/agent agrees to indemnify and hold CSNC harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. CSNC is also not responsible for any personal items brought with pet at time of surgery.