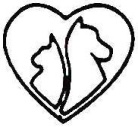
Bowling Green Warren County Humane Society

Low Cost Spay/Neuter Clinic

|  |
| --- |
| Office Use Only  Date of surgery:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owes @ drop off:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Notes to clinic:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

YOUR INFORMATION:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_

Day Time Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PET INFORMATION:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age:\_\_\_\_ Color\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age:\_\_\_\_ Color\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age:\_\_\_\_ Color\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age:\_\_\_\_ Color\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| PROCEDURE | COST | YES | NO |
| Cat Neuter (Males)  Cat Spay (Females) | $45  $50 |  |  |
| Dog Spay/Neuter  2-60lbs  61-90lbs  91lbs+ | $70  $75  $80 |  |  |
| Rabies REQUIRED w/out proof from your vet | $6 |  |  |
| Yearly Booster Vaccination (cat/dog) | $10 |  |  |
| Heartworm Test (Dog) | $15 |  |  |
| Felv/Fiv Test (Cat) | $20 |  |  |
| Micro-Chip (Permanent ID) | $20 |  |  |
| Nail Trim | $5 |  |  |
| Drontal Deworming (Cat/Kittens)  $2.50-$10.00 | See Employee for pricing based on weight |  |  |
| Drontal Deworming (Dogs/Puppies)  **$2.75-$30.00** | See Employee for pricing based on weight |  |  |
| Cat Metacam (Take Home Liquid Pain Reliever) | $15 |  |  |
| Dog Rimadyl (2-50 lbs)  (Take home pill pain reliever) | $15 |  |  |
| Dog Rimadyl (51 – 100 lbs)  (Take home pill pain reliever) | $20 |  |  |

All spay/neutered animals are given a pain injection after their surgery, however, we do highly recommend additional “take-home” pain relievers. The injection we give lasts 8-10 hours depending on the size of the animal.

Has your pet been to a vet before for anything other than routine vaccines? \_\_\_\_\_\_

If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any recurring or chronic conditions the Vet should know about, such as Thyroid conditions, diabetes, etc.?

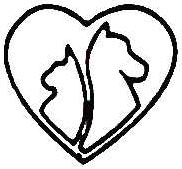
If yes, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any additional medical information about your pet that you feel our veterinarian should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flip Over



ANIMAL CARE & CONSENT FORM

I, the below signed, understand that uncontrollable circumstances can occur with any kind of surgery where an animal has to be anaesthetized (put under, or to sleep). I also understand that because the Humane Society offers this spay/neuter program at a much-reduced price, blood-work and other such preliminary tests cannot be run, and therefore, pre-existing conditions in my animal(s) may not be known. Because of this special low-cost situation, I agree to place no blame on the BG-WC Humane Society or any participating veterinarian.

I will not hold the humane society responsible for problems which may occur after I have brought my animal home, even if such problems require my animal to see a veterinarian and incur a fee while there. The Humane Society agrees to take care of your animal to the best of our ability while it is in our care and to return your animal in the same shape it was when dropped offer for surgery (minus its reproductive organs of course!). Thank you for choosing to alter your pet, it is a life-saving surgery, not only for your pet, but also for the millions of unwanted animals that are born each day.

\*\*The BG-WC Humane Society and its agents reserve the right to refuse to perform procedures on an animal for any reason.

\*\*I understand that the below reasons may cause extra charges when I pick up my animal / animals:

FEMALES: In heat or pregnant ~ $20.00

Pyometra (infected uterus, usually caused by pregnancy) ~ $35.00

MALES: Cryptorchid (meaning testicles have not dropped) ~ $35.00

\*\* I understand that the reason the BGWCHS has to charge extra is because these surgeries takes longer & requires more drugs (to prevent pain, and control swelling). Please initial here that you have read and understand this statement \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*While it is not always the case, small breed dogs can be prone to having retained baby teeth (baby teeth that have not fallen out when the adult teeth came through.) Our staff is trained in this and can remove these teeth to prevent any future dental diseases. I give permission for the staff to remove these teeth and incur an extra charge while my pet is here; the charge is usually around $20. If it will be more than $20, our staff will call you ahead and let you know. Please circle yes or no and initial that you have read this statement.

Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below to show that you have read and understood this contract.

Owner (or agent) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of emergency (should one arise) contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*If for any reason this appointment must be cancelled, below are the stipulations:

~~NO refunds will be given after 45 days of this application

~~These funds may NOT be transferred for any other use (Example: adoptions, retail sales, etc)

~~A $10.00 service fee will be deducted from the refund to cover bookkeeper, postage, paperwork fees.

\*\*Please initial here that you have read these terms \_\_\_\_\_\_\_