

Humane Society AC Spay Clinic

Appointment _____ Year: _____

Type: *Dog Cat* Breed: _____ Colors: _____

Sex: *Male Female* Age: _____ Pet's Name: _____ Weight: _____

Medical Conditions: _____ Primary Vet: _____

Date of last Heartworm or Feline Leukemia Test? _____ Date of last exam: _____

Medical Comments: _____

I would like to help an animal in need, please add \$1. , \$5. , \$10. , or *nothing today* to my bill.

Last Name _____ First _____

Street Address _____

City _____ Zip _____ Phone# _____ Cell# _____

I understand that the Humane Society of Atlantic County acts as a satellite clinic where New Jersey licensed veterinarians perform reduced cost spay/neuter surgeries to reduce pet overpopulation. I understand the risks involved and that the Humane Society of Atlantic County can not be responsible for medical complications caused by medical conditions either known or unknown. It is my sole responsibility to ensure that my animal is healthy enough to undergo the requested or recommended procedures. In order to reduce the overall costs to the client, exams are not given prior to anesthesia on the day of surgery; however a full physical exam and pre-surgical blood work can be done by scheduling an appointment through our Veterinary Services Department at an additional cost prior to the surgery date. I understand that the clinic is not staffed 24 hours a day, but that someone is in the building from at least 8am to 3pm seven days a week except major holidays. Feral cats are ear tipped to identify them as being altered. Animals with Fleas are treated, at an additional cost, with a topical flea treatment (Promeris, Advantage, or Frontline Plus) Although it is optional, it is strongly recommended that dogs be tested for Heartworm Disease and cats be tested for FELV/FIV, which can be done at the time of surgery.

I, being responsible for the above animal, have the authority to grant you my consent to operate on my pet and provide the services indicated on the rear of this form. I understand that there are certain risks to anesthesia that could include serious bodily injury or death and these risks are present in any procedure that requires general or intravenous anesthesia. I hereby waive any and all claims against the Humane Society of Atlantic County, its' contracted veterinarians, its' staff and volunteers, for any and all damages which could possibly include death. All complications resulting from treatment administered at the Humane Society of Atlantic County will be treated through our full service veterinary clinic. The Humane Society of Atlantic County will not reimburse me for treatments performed at any other veterinary facility.

I have read, agree to, and understand the above waiver.

Date _____ Print Name _____ Signed _____

**Payment is required at the time of drop off and can be made by Visa, Master card, or cash. Personal checks are not accepted.
Proof of Rabies vaccine is required unless the animal is being vaccinated the day of surgery.**

Instructions:

After completing this form, mail or fax it to the HSAC. Call (609)344-0346 between 10am and 3pm, Tuesday thru Saturday to schedule an appointment. A \$20 non-refundable credit card deposit is required to schedule more than one animal per day or to reschedule a missed appointment. This deposit can be given over the phone with a credit card when your appointment is made. No deposit is required for one animal. Please give 24 hours notice to cancel an appointment. Withhold food and water 12 hours before surgery. All cats must be in a carrier and dogs leashed. Ensure that your dog has eliminated prior to leaving him/her for surgery. Animals with Fleas will be treated with Frontline-Plus at the client's expense. If you have applied a flea treatment within two weeks you must notify the receptionist.

1401 Absecon Blvd. Atlantic City, New Jersey 08401
(609) 344-0346 fax 344-0369 www.humanesocietyac.org



Humane Society of Atlantic County Spay/Neuter Clinic

Weight up to 50lb.	Weight 51-80lbs.	Weight 81 – 100lbs.	Weight over 100lbs.
Female Dog \$92	Female Dog \$115	Female Dog \$145	Female Dog \$200
Male Dog \$82	Male Dog \$105	Male Dog \$125	Male Dog \$185
Pain Management \$8	Pain Management \$12	Pain Management \$16	Pain Management \$20
1 yr Rabies Vaccine \$12	Heartworm Test \$17	Pregnant Surcharge: \$60	Pyometra Surcharge:
3 yr Rabies Booster \$15	Heartworm/Lyme Test \$32	Dewclaw Removal:	Flea/Tick Product:
Adult Distemper/ Parvo. \$12	Kennel Cough Vac. \$16	Cryptorchid:	Heartworm Prev.:
Puppy Distemper / Parvo. \$16	Lyme Vaccine \$16	Aggressive Surcharge: \$25	Drontal Plus De-Wormer:

Pain Medication Injections, prior to surgery, are given to all patients. Additional pain medication may be prescribed to go home with your pet, if needed, at an additional cost. Elizabethan Collars are included in all dog surgeries and available for \$5 for any cat surgery. Prices for products or services not indicated on this form may vary by size, weight, or species and will be quoted upon request. Medical conditions not known or disclosed may increase the amount quoted. We will make every attempt to notify you at the numbers you provide for authorization. If you can not be reached, the veterinarian will decide if it is an essential treatment at the time of surgery.

Female Cat \$50	1 yr Rabies Vaccine \$12	Feline Leukemia Test \$16	Nail Trim: \$5
Male Cat \$40	3 yr Rabies Vaccine \$15	Feline FIV/FELV Combo \$32	Single Dose Flea/Tick \$15
Pain Management \$5	Feline Dist. / Calici Vaccine \$12	Feline Leukemia Vaccine \$16	Ear Mite Treatment \$14
		De-wormer: \$5	Elizabethian Collar \$5

Microchip & Registration \$35	#	Brand	Reg. By
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Sub-Total	
Regulated Medical Waste	\$ 3.
Donation	
Tax	
Deposit	
Total	

Comments:

