

Animal ID# \_\_\_\_\_

Person ID # \_\_\_\_\_

Date Call received: \_\_\_\_\_

Date & time of Appointment: \_\_\_\_\_

Appointment # \_\_\_\_\_



**Community Spay/Neuter Program Consent**

**(For pets 4 months and older)**

**(All animals must be healthy with no underlying health issues.)**

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender MALE FEMALE Color: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Medications Given: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Known Medical problems: \_\_\_\_\_

**Dog Package (spay or neuter) includes Distemper vaccine, Rabies vaccine and Microchip**

**Male dogs under 0-40# \$200 Male dogs over 40.1-80# \$250 Male Dogs Over 80.1# \$300**

**Female dogs under 0-40# \$300 Female dogs over 40.1-80# \$375 Female Dogs over 80.1# \$425**

Check off the product or services you wish in addition to the scheduled surgery

**DOGS**

- Heartworm and tick disease test \$25
- Antiparasitics :
  - **Heartgard** heartworm and intestinal parasite preventative: Single dose or 6 months
  - **Nexgard** flea/tick preventive: Single dose or 6 months
  - **Simparica Trio** heartworm, flea, and tick all in one: Single dose or 6 months

Please note if this is your dog's first time receiving a distemper vaccine it will need to receive a second dose in 2-4 weeks.

**Payment for Services is accepted by Cash or Credit Card and is due in full at the time the appointment is made. The Payment is NONRFUNDABLE if you are to cancel the appointment.**

**CONSENT FOR SURGICAL STERILIZATION**

I, being of legal age and responsible for the animal described above, have the authority to grant the Humane Society for Greater Nashua, and (HSFN) its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that reasonable precautions will be used against injury or escape of the animal. It is thoroughly understood that HSFN, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks. Risks include, but are not limited to, injury to, post-operative infection in, organ damage, or death of the animal. It is understood that the procedure(s) to be performed and the drugs used in the process carry some inherent risk and that the animal must undergo general anesthesia in order for surgery to occur. Further, it is understood that non-steroidal medications will be administered to my pet. Pre-operative blood work is not performed at HSFN and neither intravenous nor subcutaneous fluids are routinely administered. Should your pet have a known liver or kidney ailment they are not appropriate surgical candidates for this clinic.

If, in the course of treatment, a condition is discovered or develops which requires medical attention or an additional procedure, the attending veterinarian may, in his or her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any. In the presence of live fleas, a dose of Capstar will be given, a dose of Revolution will be applied, and an injection of Praziquantel will be given for an additional fee based on animals weight. \_\_\_\_\_ **(initial here)**

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy) \_\_\_\_\_ **(initial here)**. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that all animals will be identified with a permanent tattoo.

I understand that it is possible that my pet may be exposed to illnesses or parasites while in the shelter and I agree that the cost for treatment of any such illness or infestation that develops will be the responsibility of the owner. This includes vaccine reactions if vaccines are given. Vaccine reactions can include lethargy, vomiting, diarrhea, angioedema, and life threatening anaphylaxis.

I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized

A current rabies certificate must be provided at time of the surgery. If vaccination is required we can provide it at our clinic for an additional charge. The rabies waiver **MUST** be signed to receive this vaccine.

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

**Rabies Waiver- MANDATORY IF RABIES VACCINE IS TO BE GIVEN**

Date \_\_\_\_\_

I, \_\_\_\_\_, swear that to my knowledge this dog, cat, or ferret has not bitten anyone within 10 days.

\_\_\_\_\_  
Owner Signature