

PAWS IN NEED SERVICES - Humane Society of Waupaca County

Please use one form for EACH animal

Owner's Name (last, first): _____

Address: _____

Phone: home:(_____) _____ **cell:** (_____) _____

****Emergency contact Name (in case we cannot reach you)** _____

****Phone Number** _____

Pet's Name: _____ **Species:** _____ **Age:** _____ **Gender:** _____

Breed: _____ **Color/Description:** _____

Medical Agreement:

I, being of legal age and responsible for the animal described above, have the authority to grant the Humane Society of Waupaca County (HSWC) staff members, volunteers, or agents my consent to receive, transport, prescribe for, and treat and/or perform surgery upon the animal named above. I agree that I have not or will not claim any right of compensation from any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

I understand that the surgery 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 used in providing this service. In the course of treatment, if a life-threatening condition occurs which requires immediate medical attention and the owner cannot be contacted, the attending veterinarian may, at his/her discretion, perform life-saving procedures without the owner's verbal consent. **I consent to these procedures and agree to pay reasonable additional charges, if any.** I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, being in heat, diseases such as FIV, Feline Leukemia, Heartworms, and underlying or preexisting medical conditions.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

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 or menstruation) and an additional fee will be applied. I also understand that the veterinarian can refuse to perform any procedure on any animal for any reason at any time. Such refusal is at the sole discretion of the attending veterinarian. In the event of a post-operative surgery-related complication, I understand that follow-up veterinary care must be done at a veterinary clinic of my choice and cost accrued will be my sole responsibility.

I certify that my animal is in good health and has had no food since 11:00PM the evening prior to surgery. I understand that the HSWC has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that the HSWC will not be performing a complete health examination on the animal before surgery is performed.

· My signature on this form indicates that any questions I have regarding risks or other issues associated with sterilization and other procedures have been answered to my satisfaction.

****Please present questions and concerns to medical staff prior to procedure(s)****

Responsible Person Signature: _____ **Date:** _____

Cats must be >2lbs, Dogs must be >3lbs

All must be over 8 weeks of age, preferably 10 weeks and healthy!

Please initial where applicable

Services that can be provided

_____ **Cat Spay(\$90)/Neuter(\$45)** This includes sterilization, exam, nail trim, ivermectin (if needed for earmites, antibiotic injection, pain medication and ear tip (optional)

_____ **Cat Ear Tip (included in surgery if desired)** Ear tipping is recommended for outdoor cats so others know that the cat belongs to someone and is spayed/neutered

_____ **Dog Spay /Neuter Females < 60lbs (\$140) Females +60lbs (\$185) Males <60lbs (\$85) Males +60 (\$105)**

This includes: Exam, nails and pain medication

_____ **Vaccinations**

Dogs: ___ Rabies(\$15) ___ Distemper (\$15) ___ Bordetella (kennel cough) (\$15)

Cats: ___ Rabies (\$15) ___ FRVCP (\$15)

If your pet has had vaccinations before please provide proof.

_____ **CATS ONLY: FIV/FelV Witness test (this is recommended for all outdoor cats)(\$25)**

_____ **DOGS ONLY: Heartworm Test (Must have negative test before heartworm preventative)(\$30)**

_____ **E-Collar to go home with (\$10)**

_____ **Microchip Implantation and Registration(\$25)** Emergency Contact in case they cannot reach you:

Name: _____ Phone Number: _____ same

_____ **Certificate of Veterinary Inspection/Health Certificate (inc. exam & form) (\$15)**

_____ **Flea/Tick Treatment - single dose (\$5-\$10)**

ADD ON FEES

Umbilical Hernia (\$10-\$30)

Cryptorchid (\$30-\$50)

Dentals (by estimate, \$6/min)

Pr-Op Blood Work (must be done 2 weeks prior to surgery) (\$75)

Any items not pre-paid must be paid for at pickup. \$20 nonrefundable deposit required.