

# Alteration Clinic Request Form



**Notice:** If you are scheduled for an appointment and do not show, we will not reschedule you for an appointment until you reach out to us. **There will also be a \$25.00 fee for each no-show appointment.**

We are booking in advance for most animals and cannot guarantee that your pet will be scheduled promptly after a no show. ***Please Initial that you've read the statement above:*** \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street Address City State Zip code:

Owners Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Age/D.O.B.: \_\_\_\_\_

Dog  Cat  Stray Cat  Barn/Feral Cat  
 Male  Female  Unknown Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_

Is your pet Socialized?  Yes  No\*

\*If no, explain: \_\_\_\_\_

Has your animal ever been to a Veterinarian Clinic?  Yes\*  No

\*If yes, list Veterinarian: \_\_\_\_\_

Where Did you get your Pet?  Shelter  Stray  Own Litter  Friend  Other: \_\_\_\_\_

**Please select what services you would like your pet to get during their Clinic Appointment:**

**\*\* If your animal is up to date on vaccinations you must provide proof with this application\*\***

**All Animals must have an up-to-date Rabies vaccination, or they will be vaccinated at the time of surgery.**

**Surgery Services:**

**Vaccinations/Other Services**

Female Dog Spay: \$145.00 (Add \$40\* if Pregnant/in heat)  
 Male Dog Neuter: \$125.00 (Add \$20 if cryptorchid)  
 Female Cat Spay: \$105.00 (Add \$20 if pregnant/in heat)  
 Male Cat Neuter: \$85.00 (Add \$20 if cryptorchid)  
 Extra Large Dog (Over 90lb) add \$50

Rabies Vaccine \$15.00  
 Distemper Vaccine \$15.00  
 Cat FIV/FelV Test \$20.00  
 Flea Treatment (if present) \$10.00  
 Ear Mite Treatment (if present) \$5.00  
 Microchip \$25.00  
 Nail Trim: No Charge

### Office Use Only

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

Total Amt Due: \$ \_\_\_\_\_

Paid Amount: \$ \_\_\_\_\_

Cash  Check  Credit

SOS Scheduled Date: \_\_\_\_\_

**\*At  
Surgeons  
discretion**

**COMPLETE BOTH SIDES OF  
APPLICATION**

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**Your Pets Medical History (If Known)**

**Pets Name:** \_\_\_\_\_

**Male Animals:**

Have his testicles both descended/are they both visible?  Yes  No  Only 1/Partial Cryptorchid

**Female Animals:**

Has she had puppies/Kittens?  Yes\*  No \*If yes, How many litters? \_\_\_\_\_ Last Litter Date? \_\_\_\_\_

Do you think that she is currently pregnant?  Yes\*  No \*If yes, How far along is she? \_\_\_\_\_

Is she in heat?  Yes\*  No \*If yes, when? \_\_\_\_\_ **\*\*We Cannot accept dogs in heat\*\***

**If your dog goes in to heat before her scheduled appointment, you must call us and reschedule ASAP.**

Has your animal had any previous surgeries?  Yes\*  No If yes\*, explain \_\_\_\_\_

Any current medical issues?(Lyme Disease, seizures, etc.) \_\_\_\_\_

Medications:  None \_\_\_\_\_

**Previous Vaccination History \*You will need to provide proof of vaccines with this application\***

Never had had any vaccinations  Cats- FIV/FelV Test  Dogs- 4DX Test

Rabies Vaccination: \_\_\_\_\_  DHPP: \_\_\_\_\_  FVRCP/HCPCH: \_\_\_\_\_  
(Canine Distemper) (Feline Distemper)

Dogs- Bordatella(Kennel Cough): \_\_\_\_\_  Dogs – Lepto: \_\_\_\_\_

Dogs- Lyme Vaccine: \_\_\_\_\_  Any other Vaccinations: \_\_\_\_\_

**Please read carefully before signing and submitting this application**

I understand that if during the course of treatment, a condition is discovered that requires medical attention or additional procedure, such as pregnancy, hernia repair, extra suture, or the admission of IV fluids that the attending veterinarian may, in his/her absolute discretion, preform such procedure. I understand and will be prepared to pay reasonable charges for these such procedures, if any, at the time of check out. If my pet has Fleas (\$10.00), ear mites (\$5.00) or an Upper respiratory infection (URI) (\$20.00), s/he will be treated and the fee will be charged, payable at the time of pick up.

I am the owner or authorized agent of this animal and I authorize the licensed veterinarian appointed by Stray Haven Humane Society & SPCA INC., to administer anesthesia and perform sterilization on this animal. I have been advised on the nature of the operation and the risks involved. I realize results can not be guaranteed. All Pregnant animals will be spayed unless otherwise specified by the attending veterinarian. I also authorize Stray Have Humane Society & SPCA INC., and the appointed veterinarian to do what is necessary in the event of surgical complication or unforeseen circumstances and understand that any additional cost that may result will be my responsibility to pay.

I understand there will be no pre-surgical blood screening to detect any abnormalities in my animal and I am also aware that there is risk of complications related to any surgical procedure or vaccination and they may result in the death of this animal. I will not hold Stray Haven Humane Society & SPCA INC., its agents or the appointed veterinarian liable if, in the rarest of cases, this animal dies as a result of the surgery, medication or vaccination sensitivity.

**I understand that this is a low cost spay/neuter clinic, and it is intended for area residents facing financial hardship/challenges and could not otherwise get their pets spayed/neutered.**

**All information provided will remain completely confidential.** I have read and understand the above statement. My signature below indicates all the information provided as part of this application is true.

**Owners Name (Please Print):** \_\_\_\_\_

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