

SOS Scheduled Date: _____

For Office Use Only



Alteration Clinic Appointment Request Form

Owner's Name: _____

Telephone # _____

Address: _____
Street Address Town/City State Zip

Owner's Email address: _____

Pet's Name: _____

DOG CAT FERAL/STRAY/BARN CAT

MALE FEMALE Pet's Age/Date of Birth: _____

Breed: _____ Color: _____
 Short Hair Cat Long Hair Cat

Weight: _____ Condition: Thin Overweight Obese Normal

Is your pet good with strangers and/or being pet/held? Yes No

Has your animal ever been to a veterinarian? Yes* No

*If Yes, list Veterinarian/Clinic _____

Where did you get your pet? Shelter Stray Your own litter Friend Other _____

Where is your pet kept? Indoor Outdoor Indoor & Outdoor

Please Provide these Services to my pet During the Clinic Appointment:

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

All animals must have Up-To-Date Rabies and Distemper Vaccinations or be vaccinated at time of surgery.

Surgery Services

- Female Dog Spay: \$160.00 (add \$20 if pregnant/in heat)
- Male Dog Neuter: \$140.00 (add \$20 if cryptorchid)
- Female Cat Spay: \$120.00 (add \$20 if pregnant/in heat)
- Male Cat Neuter: \$100.00 (add \$20 if cryptorchid)
- Extra Large Dog (weighs more than 100 pounds) additional fee \$30.00

Vaccinations/Other Services

- Rabies Vaccination: \$15.00
- Distemper Vaccination: \$15.00
- Cat FIV/FelV Test: \$30.00
- Microchip: \$30.00
- Ear Cleaning/ Ear Mites (if present): \$10.00
- Flea Treatment (if present): \$10.00
- Nail Trim (if needed): \$10.00

PAYMENT IS DUE DAY OF APPOINTMENT

YOU WILL RECEIVE AN EMAIL CONFIRMATION THE WEEK OF YOUR SCHEDULED APPOINTMENT WITH INSTRUCTIONS

COMPLETE BOTH SIDES OF APPLICATION

Date Received: _____

Received by: _____

Added to Schedule: _____

Confirmation E-mail sent: _____

Your Pet's Medical History

Pet's Name _____

Male Animals:

Have his testicles 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 she is currently pregnant? Yes No

Is she in heat? Yes No If yes, when? _____ *We cannot accept animals in heat.*

If your animal goes into heat before your scheduled appoint, you must call us to reschedule ASAP

Any previous surgeries? _____

Other Medical issues (ie. Lyme disease, seizures) _____

Medications: None (ex. Flea/tick, heartworm, etc) _____

Previous Vaccination History (check box and list date vaccination was given):

Never has had any vaccinations Cat - FeLV/FIV Test negative

Rabies _____ DHPP _____ FVRCP _____

Bordatella (Kennel Cough) _____ (dog distemper) Lepto _____ (cat distemper) Lyme Vax _____

Please read carefully before signing and submitting application

I understand that if in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as pregnancy, hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I understand and will be prepared to pay reasonable charges, if any, at time of check out. If my pet has fleas (\$10.00) or ear mites (\$5.00) s/he will be treated and the fee will be charged, payable at 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 & S.P.C.A. 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 cannot be guaranteed. All pregnant animals will be spayed unless otherwise specified. I also authorize Stray Haven Humane Society & S.P.C.A. Inc., and the appointed veterinarian to do what is necessary in the event of surgical complications or unforeseen circumstances and understand that any addition 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 a 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 & S.P.C.A., Inc., its agents or the appointed veterinarian liable if, in the rarest cases, this animal dies as a result of the surgery, medication or vaccination sensitivity.

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

Owner's Name (Please Print) _____

Signature: _____ Date: _____

**APPLICATION MUST BE RECEIVED BEFORE WE CAN
SCHEDULE AN APPOINTMENT WITH THE SOS CLINIC.
Submit in person during Open Hours or by mail to:
Stray Haven, 194 Shepard Rd., Waverly, NY 14892**