



Surgery Appointment Request Form

SOS Scheduled
Date: _____
For Office Use ONLY.

Owner's Name: _____ Date: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet's Name: _____ Age: _____

DOG CAT MALE FEMALE

Feral/Stray/Barn Cat Aggressive Dog ***Please note, we DON'T accept aggressive dogs.***

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

Breed: _____ Color: _____ Coat Type: Short Long

Estimated Weight: _____ Condition: Thin Overweight Normal

Please note, there is an additional cost for overweight animals

Has your animal ever been to a veterinarian? Yes No

*If yes, list Veterinarian/Clinic: _____

Where did you get your pet? Shelter Stray Own Litter Friend Other

Where is your pet kept? Indoor Outdoor Indoor & Outdoor

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

If your animal is up to date on vaccinations, you **MUST provide proof with this application, OR you will be charged for the service. **

All animals must be up to date on Rabies & Distemper Vaccinations or be vaccinated at time of surgery.

Surgery Services:

Vaccinations/Other Servies:

- Female Dog Spay: **\$180** (add **\$95** if pregnant/in heat)
- Male Dog Neuter: **\$165** (add **\$100** if cryptorchid)
- Female Cat Spay: **\$100** (add **\$60** if pregnant/in heat)
- Male Cat Neuter: **\$85** (add **\$85** if cryptorchid)
- Hernia Repair: **\$65**
- Brachycephalic/Flat-faced: **\$60**
- Weight Over 90 lbs.: **\$80**

- Rabies Vaccination: **\$15**
- Distemper Vaccination: **\$20**
- Microchip: **\$20**
- FeLV/FIV Test: **\$40**
- 4DX Test: **\$40**
- E-Collar: **\$10**
- Flea Meds: **\$15**
- Ear Mite Meds (if present): **\$10**
- Nail Trim: **no charge**

PAYMENT MUST BE SUBMITTED WITH THIS SIGNED FORM OR WHEN CONTACTED BY PHONE. (CASH, CHECK, or CREDIT CARD) TO RESERVE AN APPOINTMENT.

Complete both sides of this form.

Date Received: _____
Total Amt Due: \$ _____
Paid Amt: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
SH Staff: _____

Your Pet's Medical History

Pet's Name: _____

Previous Surgeries? Yes No _____

Other Medical issues (Lyme disease, Seizures, etc.) _____

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

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

Never has had any vaccinations

Rabies: _____ DHPP (Dog Distemper): _____ FVRCP (Cat Distemper): _____

Male Animals:

Have both testicles descended? Yes No *There is an additional cost for cryptorchid*

Female Animals:

Has she had puppies/kittens? Yes No If yes, how many litters? _____ Last Litter Date: _____

Is she currently pregnant? Yes No

Is she in heat? Yes No

Please read carefully before signing & 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 hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any, at the time of check out. If my pet has fleas (\$15) or ear mites (\$10) 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 & SPCA, 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 & SPCA, and the appointed veterinarian to do what is necessary in the event of surgical complications or unforeseen circumstances and understand that any additional cost that may result will be my responsibility to pay.

I understand that 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, 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.

Owner's Names (Please Print): _____

Signature: _____ **Date:** _____