



## Alteration Clinic Appointment Form

Applicant Information		
Name:		Date:
Street Address:		
Mailing Address (if Different):		
City:	State:	Zip Code:
Phone:	Alt. Phone:	
Email:		

Pet Information	
Pet's Name: _____	Pet's Age/D.O.B. : _____
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Feral/Stray/Barn Cat	<input type="checkbox"/> Unknown
Breed: _____	Color: _____
<input type="checkbox"/> Long Hair	<input type="checkbox"/> Short Hair
Weight: _____ lbs	Condition: <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Normal
Is your pet well-socialized with persons outside of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this animal ever been to a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the veterinarian/clinic: _____	
Where did you get your pet? <input type="checkbox"/> Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Own Litter <input type="checkbox"/> Friend	
<input type="checkbox"/> Other _____	
Where is your pet kept? <input type="checkbox"/> indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	

Please Provide these Services to my pet During the Clinic Appointment:	
<i>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.</i>	
<input type="checkbox"/> Female Dog Spay \$125.00 (add \$20 if pregnant/in heat) <input type="checkbox"/> Male Dog Neuter \$105.00 (add \$20 if cryptorchid) <input type="checkbox"/> Female Cat Spay \$85.00 (add \$20 if pregnant/in heat) <input type="checkbox"/> Male Cat Neuter \$65.00 (add \$20 if cryptorchid) <input type="checkbox"/> Extra Large Dog (weighs more than 100lbs) add \$30	<input type="checkbox"/> Rabies \$15.00 <input type="checkbox"/> Distemper Vaccination \$15.00 <input type="checkbox"/> Cat FIV/FelV Test \$20.00 <input type="checkbox"/> Flea Treatment (if present) \$10.00 <input type="checkbox"/> Ear Mites (if present) \$5.00 <input type="checkbox"/> Microchip \$25.00 <input type="checkbox"/> Nail Trim FREE

## Your Pet's Medical History

### Male Animals:

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

### Female Animals:

Has she had puppies/kittens?  Yes  No If yes, how many? \_\_\_\_\_ Date? \_\_\_\_\_

Do you think she is currently pregnant?  Yes  No

Is she in heat?  Yes  No **WE CANNOT ACCEPT ANIMALS WHO ARE IN HEAT.**

**If your animal goes into heat prior to their scheduled appointment, you must reschedule ASAP!**

Any previous surgeries? \_\_\_\_\_

Other medical issues? i.e. Lyme Disease, Seizures, etc. \_\_\_\_\_

Medications?  None  Yes, \_\_\_\_\_

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

- Never had any vaccinations  Rabies \_\_\_\_\_  
 DHPP (Dog Distemper) \_\_\_\_\_  FVRCP (Cat Distemper) \_\_\_\_\_  
 Bordetella (Kennel Cough) \_\_\_\_\_  Cat - FeLV/FIV Test Negative  
 Lyme \_\_\_\_\_  Lepto \_\_\_\_\_

## 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 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.

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. 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 additional cost may result and is 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.

**I understand low cost spay/neuter clinics are intended for area residents facing financial challenges who cannot otherwise afford to have their pets spayed and neutered.**

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

Printed Name: \_\_\_\_\_

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

Office Use ONLY Initials:

Payment Received:  Yes  No

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

Amount Received: \$ \_\_\_\_\_