Animal Alliance of Cape May County, Inc. (AACMC) 609-465-6388
Mail: P.O. Box 172, Cape May, NJ 08204
Clinic: Crest Haven Complex, Cape May Court House, NJ 08210

Surgery Consent Form – General Public

Your Name:_____ Address: _____

City: _____ Colony Location :(where cat was originally found) _____

Home Phone #(_____)_____ Cell # (_____)_____

Other Phone # (_____)_____ E-Mail:_____

CONSENT-MUST BE READ AND SIGNED: I am the owner, or the authorized agent for the owner, of the animals described on this sheet, and I have the authority to execute this consent. I hereby give AACMC, Dr. Schwert, or any other veterinarian contracted by AACMC, volunteers and any other authorized agents, staff, or representative's consent and authority to perform spay/neuter surgery for the pet(s) listed on this form. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of anesthesia and any medication, including possible injury and even death.
I agree to accept risks and release AACMC, volunteers, staff and veterinarian from any liability. I understand that clinic support personnel will be used as deemed necessary by the veterinarian.

Regular Veterinarian:_____ Vaccinations up to date? Yes or No

**Any health known problems? _____ if yes, describe _____

Municipal/Grant vouchers do NOT cover any medical treatment. If these conditions are found, do you authorize treatment for an added fee?
Please circle: Yes or No

We help many animals in need. Would you like to donate to the fund? $1, $2, $5 or other $_____

Signed: _____Date:_____ Total Due$_____ Cash_____ Credit/debit_____

(Office Use Only) No.	Sex	Name of Pet	Age	S/L Hair	Color	Friendly	Do you want Rabies Vacc.?	Do you want Distemper Vacc?	Do you want? Ear Tip?	Microchip
						Y / N	Y / N	Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N	Y / N	Y / N