

Winnie Berry Humane Society of Angelina County
Application & Surgery Consent Form for Spay/Neuter Program

Owner: _____ Animal Name: _____

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

Phone Number: (H) _____ (W) _____ (C) _____

Species: Canine Feline

Sex: Male Female (If female) In Heat: Yes No Pregnant: Yes No

Age: _____

Breed: _____

Color: _____

Current on Rabies Vaccine: Yes No

(Must provide copy of Rabies Certificate to Vet on day of surgery)

Size: Small (less than 20lbs) Medium (20lbs-50lbs) Large (over 50lbs)

*****Your pet must be clean and flea free upon arrival to veterinarian's office. If your pet is in heat, pregnant, requires lab work and/or over 50lbs, there will be an additional charge payable directly to the veterinarian performing the procedure*****

I am the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) and operation(s).

I understand that during the performance of the foregoing procedures and operations unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures and operations than those set forth; therefore, I consent to and authorize the performance of such procedures and operations as are necessary and desirable in the exercise of the veterinarian's professional judgement. I also authorize the use of appropriate anesthetics and other medications as needed and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

With any surgical procedure, there is certain risk involved due to surgery and anesthesia. I understand and realize that other risks occur; therefore, *I agree to hold the veterinarian performing the surgery, its employees, shareholders, principals and/or officers along with the Humane Society of Angelina County, its Directors/Officers and employees harmless in any situation concerning the procedures stated herein.*

Spay: Ovariohysterectomy, removal of the reproductive organs in the female animal

Neuter: Castration, removal of both testicles in the male animal

Anesthesia: Chemical restraint and analgesia

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Name: _____ Driver's License #: _____

Occupation: _____ Work Phone #: _____

Employer: _____

Wages: _____ Hourly Weekly Bi-Weekly Monthly

Spouses Occupation: _____ Work Phone #: _____

Spouses Employer: _____

Wages: _____ Hourly Weekly Bi-Weekly Hourly

Retirement Benefits: Self _____ Spouse _____

SSI Benefits: Self _____ Spouse _____

Gross Yearly Household Income: _____

Income \$12,499 and less	Surgery Only	Surgery with Rabies Vaccine
Cats	\$35.00	\$45.00
Dogs	\$35.00	\$45.00

Income \$12,500 to \$19,999	Surgery Only	Surgery with Rabies Vaccine
Male Cats	\$40.00	\$50.00
Female Cats	\$45.00	\$55.00
Dogs	\$45.00	\$55.00

Income \$20,000 to \$30,000	Surgery Only	Surgery with Rabies Vaccine
Male Cats	\$45.00	\$55.00
Female Cats	\$50.00	\$60.00
Dogs	\$50.00	\$60.00

Income \$30,001 to \$40,000	Surgery Only	Surgery with Rabies Vaccine
Male Cats	\$50.00	\$60.00
Female Cats	\$55.00	\$65.00
Dogs	\$55.00	\$65.00

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I have been advised as to the nature of the procedures or operations and the risk involved. *I realize that results cannot be guaranteed. I am aware that neither the Humane Society of Angelina County nor any of the veterinarians performing surgery are responsible for any care after the surgery.* Antibiotics and/or pain medications are not available through the Humane Society of Angelina County. Any complications or medical needs must be met by your own veterinarian at your cost. *I understand that the Humane Society of Angelina County recommends that I buy an E-Collar to keep my pet from damaging its incision wound and/or chewing out its stitches.* It will be my responsibility to take my pet to my own veterinarian, at my cost; if my pet chews out its stitches or needs any type of after care.

I have carefully read and understand this authorization and consent:

Date: _____ Owner's Signature: _____

HSAC Staff Signature: _____

*****This procedure is non-refundable.*** Pets must be brought in for surgery on the day they are scheduled between 7:30 a.m. – 9:00 a.m. and must be picked up the day of surgery by 6:00 p.m. unless otherwise agreed upon at the veterinarian's office.

All pets must have a rabies certificate or verification of rabies vaccination from a veterinarian before we will perform surgery. If you choose to have the vaccination done the day of surgery, there will be an additional \$10.00 charge.**

***DO NOT FEED YOUR PET AFTER 7 PM ON THE NIGHT PRIOR TO SURGERY!!
DOGS MUST BE ON A LEASH AND CATS IN A PET TAXI AT DROP OFF***

For any questions or information regarding the procedure to your animal, please contact:

The veterinarian's office assigned to perform your pet's surgery

If you need contact information, please feel free to contact

The Winnie Berry Humane Society of Angelina County.

Phone (936) 639-1880

Fax (936) 639-1886

******AGGRESSIVE PETS ARE NOT PERMITTED******

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I _____, understand that treatment for external parasites, "Capstar" must and will be given to my pet upon arrival to the clinic. I understand that all lab work, pain medication and in heat/pregnant fees are to be paid in full directly to the veterinarian's clinic performing the surgery upon release of my pet. I also understand these fees are not covered by the Winnie Berry Humane Society Program.

Fees not covered by the Winnie Berry Humane Society Program:

Capstar: \$8.00 - \$10.00

Lab Work: \$71.20

In Heat/Pregnant: \$21.45 (cats) & \$46.20 (dogs)

Large dog over 50lbs: \$20.00

Pain medication: Varies

Signature: _____ Date: _____

HSAC Staff Signature: _____

Copy given to pet owner (Yes / No)