



1432 Route 179 North - Lambertville NJ 08530

YOUR NAME (PET OWNER):

Address: City: State: Zip:

Cell Phone: Email:

**Please fill in YOUR PET'S information below:**

Pet Name: Pet Color(s):

Approximate Weight: \_\_\_\_\_ LBS. Approx. Age of Pet: \_\_\_\_\_ years/ \_\_\_\_\_ months **BREED (if dog):**

**Please circle information for YOUR PET:**

Dog Cat Spay(Female) Neuter(Male)

**Please circle additional services REQUESTED for today in addition to surgery:**

Rabies Shot Distemper Shot Microchip Heartworm Test FeLV/FIV Test Other \_\_\_\_\_

A RABIES vaccine for all pets is required by NJ State Law. If your pet is currently vaccinated, you must provide proof of vaccine the day of surgery, OR a RABIES vaccine will be given at a charge of \$25. A DHPP (dogs) or FVRCP (cats) shot is required for all pets & will be give at a cost of \$25 unless proof of vaccine is shown the day of surgery. For dogs 14 months of age and younger, you must show proof of 3 DHPP vaccines given 3-4 weeks apart as a puppy or a booster will be given for \$25 the day of surgery.

**Authorization for surgery:**

I the undersigned, acting as the owner/guardian of the above pet(s) have read and understood this entire page and authorize Animal Alliance's contracted veterinarian to anesthetize, surgically sterilize (spay or castrate/neuter) and provide other related medical care to my animal(s). I understand that there are inherent risks associated with anesthesia and surgery including but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. I understand that Animal Alliance will not perform any pre-operative blood or diagnostic tests in advance of surgery. Pre-operative bloodwork can reveal underlying physical problems that may cause the illness/death of this pet during/after surgery. This bloodwork is \$125. By my signature below, I am declining the option of pre-operative bloodwork. I understand that my pet(s) should be examined and evaluated as a surgical candidate by his or her regular veterinarian prior to surgery to decrease the risks associated with anesthesia and surgery. I certify that to the best of my knowledge, my pet(s) is/are in good heath, has not eaten in the directed pre-operative time (after midnight the night before surgery), & has not bitten anyone in the last 10 days.

I will hold harmless Animal Alliance, its contracted veterinarians, technicians, officers, directors, volunteers & agents for any problems experienced by my pet as a result of anesthesia/surgery. If during the course of surgery a condition is discovered or occurs that requires immediate treatment, the attending veterinarian may, in his/her absolute discretion, proceed with any and all procedures necessary. I consent to these procedures, understand there will be a fee associated with them, & I agree to pay that fee. I agree that I will be financially responsible for any post-operative medical treatment relating to surgery or any other unrelated medical problems of my pet(s), which may include transfer from the Animal Alliance clinic to a local or emergency animal hospital in cases of extreme emergency. **I am aware that if my pet(s) needs emergency or additional veterinary treatment related to a post-operative surgical complication I may have to seek the services of a veterinary emergency hospital at my own expense.**

I understand that anatomical characteristics of my pet's breed place him/her at increased risk for death or complications during of following surgery, especially brachycephalic breeds including but not limited to French Bulldog, Pug, Pekingese, Boston Terrier, Mastiff, and Persian, and accordingly, **those breeds have an additional fee of \$50. I understand that Females In-Heat and Males with One Retained Testicles will be charged an additional \$50. Both Retained Testicles will be charged an additional \$100. Pregnant Females are charged additional as follows: Cat \$50, Dog \$75. Pyometra (infected uterus) varies in price based on several factors, but price will be set and agreed upon by owner in advance of surgery. I understand that if my pet is pregnant, the pregnancy is terminated as part of the spay surgery.**

**By signing this form, I agree that I will pay the full amount due for services rendered for my pet at Animal Alliance's Planned Pethood Clinic. I understand that I must submit a written request for copies of vaccine records indicating the date they were given (records are filed by date, not by name of pet or owner), and that copies of vaccines can take up to 2 weeks to be provided. VACCINES ARE VALID FOR 1 YEAR, unless otherwise indicated on vaccine certficate.**

**I understand that there are 2 pickup times available for my pet, 3 PM AND 6PM, NOT between 3-6 PM.** Doors lock again at 3:15 PM and will not reopen until 6 PM. A late fee of \$25 will be charged for any pickups after 6:15 PM. After 6:15 PM, your dog/cat will be turned over to local Animal Control as an abandoned pet.

Signature: Date: