



Atlantic County Society for the Prevention of Cruelty to Animals, Inc. (ACSPCA)

P.O. Box 205, Somers Point, NJ 08244

<https://www.acspcavet.com>

<https://www.facebook.com/ACSPCA>

(609) 927-9059

OFFICE VISIT / SURGERY FORM

New Client _____ Current Client _____ (Check one & print clearly)

Office visit _____ Surgery _____ (Check one & print clearly)

Surgery requested, (check one): Spay _____ Neuter _____ Dental _____ Other _____

Please explain reason for office visit or surgery: _____

BRING A CURRENT COPY OF VACCINATION / MEDICAL RECORDS TO YOUR APPT.

Full name: _____ E-mail Address: _____

Preferred phone #: _____ Can you receive text messages? Yes or No

Alternate phone #: _____ Can you receive text messages? Yes or No

Address: _____

City: _____ State: _____ Zip Code: _____

Pet type: Dog _____ Cat _____ Breed: _____

Pet's Name: _____ Is your pet SPAYED/NEUTERED? YES _____ NO _____

Male _____ Female _____ Age: _____ Approx. weight: _____ Color: _____

How did you obtain your dog? : Breeder _____ Shelter _____ Animal Rescue Group _____ Other _____

Is your dog on monthly Heartworm preventative? Yes _____ No _____ Product name: _____

Is your dog or cat on Flea/Tick preventative? Yes _____ No _____ Product name: _____

Current Medications: _____

Date of last heat: _____ Date of last litter: _____

Date of Rabies vaccination: _____ Date of Distemper vaccination: _____

Veterinarian: _____ Phone #: _____

Deposit required: Office visit, which includes pre-surgery evaluation/bloodwork, if needed: (\$50 deposit)
Dog spay/neuter (\$100 deposit). Cat spay/neuter (\$50 deposit).

AMOUNT PAID: CASH _____ CHECK (and check #) _____ MONEY ORDER _____



Atlantic County Society for the Prevention of Cruelty to Animals, Inc. (ACSPCA)

P.O. Box 205, Somers Point, NJ 08244

<https://www.acspcavet.com>

<https://www.facebook.com/ACSPCA>

(609) 927-9059

Acknowledgement:

I, the undersigned, understand that I am participating in a low cost spay/neuter, dental, or general surgery service for my pet through the Atlantic County S.P.C.A. (ACSPCA) and that my pet will be going under general anesthesia for elective surgery. I understand that pre-anesthetic blood testing may be required prior to surgery, either through the ACSPCA or through my veterinarian. I understand that I will be required to obtain a heartworm test prior to surgery (at a minimum cost of \$40) if my dog is 6 months or older, has not had a negative heartworm test in the last 12 months, and is not on a monthly heartworm preventative. Further, I understand that, even when all possible precautions are taken, anesthesia and surgery carry inherent risks and that, rarely, these risks can even result in death. I do not hold the ACSPCA or any of its veterinarians, employees, or volunteers liable for damages that occur during anesthesia.

Agree to terms: Yes

Print name: _____

Signature: _____

Date: _____

(To be signed by owner on date of surgical procedure)