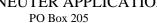


Atlantic County Society for the Prevention of Cruelty to Animals SPAY/NEUTER APPLICATION



PO Box 205 Somers Point, N 08244 (609) 927-9059



Owner's Name:		Address:		City/State/Zip		
Home Phone:	Pet's Name	:		L		
Work Phone:	Check One	:	Male		Female	
Age:		Breed:			Color:	
Approx. Weight:						
Check appropriate blocks for your pet.						
Spay/Neuter includes Pain Management, Nail Trim, Rabies Vaccine, Distemper Vaccine and E-Collar.						
) includes		Male Rabbits		\$125.00	
Female Dogs 26 to 45 lbs \$245.00) includes	vaccines	Female Rabbits		\$150.00	
Female Dogs 46 to 60lbs \$265.00	vaccines	Feline Leukemia/Aids	Testing	\$25.00		
Female Dogs 61 to 75lbs \$285.00) includes	vaccines	Micro-Chipping		\$25.00	
Male Dogs < 25 lbs \$175.00	includes	vaccines	Nail Clipping (size dep	endent)	\$5.00-\$10.00	
Male Dogs 26 to 45 lbs \$220.00	includes	vaccines	Cryptorchid		\$25.00-\$75.00	
Male Dogs 46 to 60 lbs \$250.00	includes	vaccines	Aggressive dogs		\$25.00-\$50.00	
Male Dogs 61 to 75 lbs \$285.00	includes	vaccines	Lyme vaccines (Series	of Two)	\$25.00 each	
Heartworm (Plain) Test \$15.00			Fecal		\$22.00	
Heartworm/Tick Disease Test \$40.00						
		Cats				
Male Cats \$65.00 in	ncludes va	ccines	Female Cats	\$75.00	includes vaccines	
6-pack Selarid (flea/tick/earmite) for Cats 6-pack Heartworm Preventive (based on weight) One (1) dose Bravecto (K9 flea/tick preventive) lasts 3 month Single Dose Selarid			\$70.00 \$35.00 - \$45.00 \$55.00 \$12.00			
Cats must be crated Dogs must be on a leash. Please answer the following questions:						
 Has your dog been Heartworm tested NEG in the last 12 months? □ YES □ NO (If "yes" to #1): "I certify that my dog is free of clinical heartworm disease and is otherwise healthy to the best fo my knowledge." (Initial Here:) If female, date of last "Heat" or date of last "Litter" Date of last distemper combo vaccination? When: <i>Rabies vaccination</i>! If already vaccinated, you will need to produce a rabies certificate; otherwise the vaccine will be administered today and the charge is \$10. 						
6. Is your pet on any medication regularly (including aspirin and over-the-counter)? If so describe:						
7. Name of your primary veterinaria	ın:					
Once your application and deposit ar location of the clinic. A deposit of ½ \$ Deposit is non-refurence.	of the full c	ost is included	ll contact you to set up an apport than 48 hours of the appoin		d will tell you the	

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I would like to contribute \$	to help an abused and/or negl	ected animal.
that my pet will be going under general a available to me prior to surgery, either the benefits of pre-anesthetic blood testing, a morning of surgery, at an additional cost decline any and all testing. Further, I un	anesthesia for elective surgery brough the ACSPCA or through and I have made the decision to tof \$40 + \$15 if my dog has not anderstand that, even when all perisks can even result in death	by/neuter service for my pet through the ACSPCA, and it. I understand that pre-anesthetic blood testing is gh my regular veterinarian. I have been explained the to (check one): clear basic testing (done the not had a heartworm test in the last 12 months) or possible precautions are taken, anesthesia and surgery h. I do not hold ACSPCA any veterinarian or s inherent risks.
Print Name:		
Signature:		-
Date: Time	«	-
services are checked for the presence of or she will automatically be treated durir treat fleas, and two (2) doses (2 weeks at agree to pay the additional fees at a cost understand that he or she will automatica \$25. Any additional necessary medication be provided. I understand that any recommodiscretion of the ACSPCA Veterinary Climale cats found to be cryptorchid (retain add a fee of \$25-50 over and above my find performed unless these parasites are determined to the acceptable of the acceptable. I agree to have an additional \$5 fleas, ear mites, tapeworms, umbilical ACSPCA Veterinary Clinic requires that than one animal are not acceptable. I agr I understand that if I do not bring the concarrier from the ACSPCA (if one is available).	fleas and ear mites. I agree that againsthesia. I understand that part) are required to treat ear mof \$12 per Selarid dose. Furth ally be administered an injectations or treatments will be at the amended additional treatments linic. In addition, I agree that a led testicle), will automatically final invoice. I understand that exted on the day of the procedulation	the ACSPCA Veterinary Clinic for spay or neuter at if either of these parasites are detected on my cat, he at at least one (1) dose of topical Selarid is required to mites. If these treatments are deemed necessary, I her, if tapeworm segments are detected on my cat, I have the medication (praziquantel) to treat this, at a cost of a discretion of the veterinarian, and a cost estimate will so may or may not incur an office visit fee of \$25, at the any cats found to have an umbilical hernia, or any any receive any additional necessary surgery, which will at no flea, ear mite, or tapeworm treatments will be ture. Considering the unpredictable nature of the nvoice during discharge/pickup, in the case that aticles are discovered. I also understand the the dividual pet carrier, and that carriers containing more safety and well-being of my pet(s) and the clinic staff. be asked to leave a \$30 deposit in order to borrow a paid during morning drop-off. If no extra carriers are in the correct number of carriers (there is a PetSmart)
Print Name:		
Signature:		-

Date: _____ Time: _____