



**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:			
Work Phone:		Check One		Male <input type="checkbox"/>	Female <input type="checkbox"/>
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.

Female Dogs < 25lbs	\$225.00 includes vaccines	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 includes 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 dependent)	\$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 includes vaccines	Female Cats	\$75.00 includes vaccines

6-pack Selarid (flea/tick/earmite) for Cats	\$70.00
6-pack Heartworm Preventive (based on weight)	\$35.00 - \$45.00
One (1) dose Bravecto (K9 flea/tick preventive) lasts 3 months	\$55.00
Single Dose Selarid	\$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 of my knowledge." (Initial Here: _____)
- If female, date of last "Heat" _____ or date of last "Litter" _____
- Date of last distemper combo vaccination? When: _____
- Rabies vaccination!** If already vaccinated, you will need to produce a rabies certificate; otherwise the vaccine will be administered today and the charge is \$10.
- Is your pet on any medication regularly (including aspirin and over-the-counter)? If so describe: _____
- Name of your primary veterinarian: _____

Once your application and deposit are received, the ACSPCA will contact you to set up an appointment and will tell you the location of the clinic. A deposit of 1/2 of the full cost is included

\$ _____ **Deposit is non-refundable if cancelation is later than 48 hours of the appointment.**

We cannot accommodate pets weighing more than 75lbs.at our location.

Prices effective: June 2022

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I would like to contribute \$ _____ to help an abused and/or neglected animal.

I, the undersigned, understand that I am participating in a low cost spay/neuter service for my pet through the ACSPCA, and that my pet will be going under general anesthesia for elective surgery. I understand that pre-anesthetic blood testing is available to me prior to surgery, either through the ACSPCA or through my regular veterinarian. I have been explained the benefits of pre-anesthetic blood testing, and I have made the decision to (check one): **elect basic testing** (done the morning of surgery, at an additional cost of \$40 + \$15 if my dog has not had a heartworm test in the last 12 months) or **decline any and all** testing. 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 ACSPCA any veterinarian or employees liable for damages that occur during anesthesia, as it carries inherent risks.

Print Name: _____

Signature: _____

Date: _____ Time: _____

Cat Spay/Neuter Clinic Only: I understand that all cats presented to the ACSPCA Veterinary Clinic for spay or neuter services are checked for the presence of fleas and ear mites. I agree that if either of these parasites are detected on my cat, he or she will automatically be treated during anesthesia. I understand that at least one (1) dose of topical Selarid is required to treat fleas, and two (2) doses (2 weeks apart) are required to treat ear mites. If these treatments are deemed necessary, I agree to pay the additional fees at a cost of \$12 per Selarid dose. Further, if tapeworm segments are detected on my cat, I understand that he or she will automatically be administered an injectable medication (praziquantel) to treat this, at a cost of \$25. Any additional necessary medications or treatments will be at the discretion of the veterinarian, and a cost estimate will be provided. I understand that any recommended additional treatments may or may not incur an office visit fee of \$25, at the discretion of the ACSPCA Veterinary Clinic. In addition, I agree that any cats found to have an umbilical hernia, or any male cats found to be cryptorchid (retained testicle), will automatically receive any additional necessary surgery, which will add a fee of \$25-50 over and above my final invoice. I understand that no flea, ear mite, or tapeworm treatments will be performed unless these parasites are detected on the day of the procedure. **Considering the unpredictable nature of the above, I agree to have an additional \$50-100 available to pay my invoice during discharge/pickup, in the case that fleas, ear mites, tapeworms, umbilical hernias, and/or retained testicles are discovered.** I also understand the the ACSPCA Veterinary Clinic requires that each cat arrive in its own, individual pet carrier, and that carriers containing more than one animal are not acceptable. I agree that this rule exists for the safety and well-being of my pet(s) and the clinic staff. I understand that if I do not bring the correct number of carriers, I will be asked to leave a \$30 deposit in order to borrow a carrier from the ACSPCA (if one is available), which will need to be paid during morning drop-off. If no extra carriers are available to borrow, I will be asked to leave and immediately return with the correct number of carriers (there is a PetSmart approximately 3 miles away, in Somers Point).

Print Name: _____

Signature: _____

Date: _____ Time: _____

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