

**Atlantic County Society for the Prevention of Cruelty to Animals, Inc. (ACSPCA)
P.O. Box 205, Somers Point, NJ 08244**

(609) 927-9059

SPAY / NEUTER / DENTAL / GENERAL SURGERY FORM

New or Current Client (circle one & print clearly)

Bring a copy of vaccination / medical records

Full name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Can you receive text messages? Yes or No

E-mail: _____

Pet type (circle one): Dog Cat Rabbit

Pet's Name: _____

Sex (circle one): Male Female

Breed: _____

Color: _____

Age: _____ Weight: _____

Surgery (check surgery requested)

Dental or General Surgery: _____ Please explain: _____

Female Dog Spay: _____

Male Dog Neuter: _____ Cryptorchid: Yes or No

Female Cat Spay: _____

Female Cat Neuter: _____

Female Rabbit Spay: _____

Male Rabbit Neuter: _____

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Is your pet on Heartworm preventative? (circle one): Yes or No

Medications: _____

Veterinarian: _____ Phone #: _____

Date of last heat: _____

Date of last litter: _____

Date of Distemper vaccination: _____

Acknowledgement:

I, the undersigned, understand that I am participating in a low cost spay/neuter 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 is required prior to surgery as per the veterinarian's recommendations, either through the ACSPCA or through my veterinarian. I understand that pre-anesthetic basic blood testing can also be done the morning of surgery, at an additional cost of \$40, + \$20 if my dog has not had a heartworm test in the last 12 months and is not on a monthly heartworm preventative. I have been explained the benefits of pre-anesthetic basic blood testing (done the morning of surgery) and I have made the decision to (choose one): _____ elect basic blood testing OR _____ decline basic blood testing, with the exception of a heartworm test, at an additional cost of \$20, as needed. 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

Signature: _____ Date: _____

Deposit enclosed (\$100 for dog spay/neuter or \$50 for cat spay/neuter, cash, check, or money order.) Pre-surgery office visit evaluation required.

YES _____

NO _____

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