

Humane Society of NWP
 Pet Wellness Clinic
 2433 Zimmerly Road, Erie, PA 16506
 Phone 814-315-9854 Fax
 Email brittany@humanesocietyofnwpa.com
 Website www.humanesocietyofnwpa.com



Thank you for your interest in the Humane Society of NWP’s Affordable Pet Wellness Clinic. With private donations and grants, the Humane Society of NWP is working with veterinary practices to vaccinate and surgically sterilize dogs and cats at reduced costs, for Erie residents.

PET OWNER INFORMATION

Name		
Address		
City	State	Zip
County		
Home Phone	Email	
Cell phone	Is the cell phone able to receive a text?	

PET INFORMATION PET

PET 1. NAME _____ DOG ___ CAT ___ AGE _____
 SEX _____ DESCRIPTION _____
 DID YOU RECEIVE THIS ANIMAL FROM FRIEND/FAMILY SHELTER BREEDER
 OTHER EXPLAIN _____ IS YOUR PET PREGNANT IN HEAT
 HAD PREVIOUS LITTERS? HOW MANY? _____

PET 2. NAME _____ DOG ___ CAT ___ AGE _____
 SEX _____ DESCRIPTION _____
 DID YOU RECEIVE THIS ANIMAL FROM FRIEND/FAMILY SHELTER BREEDER
 OTHER EXPLAIN _____ IS YOUR PET PREGNANT IN HEAT
 HAD PREVIOUS LITTERS? HOW MANY? _____

PET 3. NAME _____ DOG ___ CAT ___ AGE _____
SEX _____ DESCRIPTION _____

DID YOU RECEIVE THIS ANIMAL FROM FRIEND/FAMILY SHELTER BREEDER
 OTHER EXPLAIN _____ IS YOUR PET PREGNANT IN HEAT
HAD PREVIOUS LITTERS? HOW MANY? _____

PET 4. NAME _____ DOG ___ CAT ___ AGE _____
SEX _____ DESCRIPTION _____

DID YOU RECEIVE THIS ANIMAL FROM FRIEND/FAMILY SHELTER BREEDER
 OTHER EXPLAIN _____ IS YOUR PET PREGNANT IN HEAT
HAD PREVIOUS LITTERS? HOW MANY? _____

All dogs must be wearing a fitted collar and be on a leash. All cats must be in their own carrier/crate, including cats from the same household. If cats are not in their own carrier, a cardboard carrier will be provided for an additional charge of \$5.00. NO exceptions.

DOG:

Spay

0-20lbs - \$85.00 { }

21-40lbs - \$95.00 { }

41-60lbs - \$105.00 { }

Pregnancy – additional \$50.00

CAT:

Spay - \$75.00 { }

In-heat/Pregnancy – additional \$20.00

Neuter - \$55.00 { }

Neuter - \$80.00 { }

Cryptorchid – additional \$15.00-25.00 { }

Umbilical Hernia – additional \$15.00 { }

Microchip - \$25 { }

I certify that my pet has not bitten anyone in the last 10 days.

IF YOUR DOG is a female over the age of 5 years, in heat or over 60lbs, you will be denied services for sterilization. This is to ensure the safety of the pet, as they are at an increased risk for complications. Please consult your primary veterinarian.

Spay and Neuter services do not include other tests or any future veterinary care. It is your responsibility to have your pet vaccinated prior to procedure to decrease the chance of your pet becoming ill. We highly recommend your pet is vaccinated at least 2 weeks prior to the procedure with both routine vaccinations and rabies. It is required by law that all pets over 3 months of age to be current on Rabies vaccine.

If your animal is found to have fleas or ticks, topical flea/tick prevention will be applied to the pet at the cost of the owner.

Should symptoms appear after your pet returns home please contact the veterinarian who performed the procedure or Glenwood Pet Hospital. The cost of post-surgical medications (e.g., antibiotics) and devices (e.g., e-collars) is not included in the charge for services. If it is determined by the consulting veterinarian or HS staff that post-surgical medication or devices are needed, the individual consenting to this form agrees to be responsible for the additional cost incurred. Some assistance may be available through Glenwood Pet Hospital.

I, acting as owner, or duly authorized agent of the owner, of the animal named above, hereby request and authorize the participating veterinarian to perform a surgical sterilization(spay/neuter) on this animal. I understand that if the animal is an acceptable surgical candidate, surgical sterilization will be performed regardless of the animal's medical condition, including termination of pregnancy.

I understand that the operation I have elected presents some risks, and that injury to, post-operative infection or dehiscence in, or death of, the animal may result. I understand that the use of anesthetics and drugs will be administered for the procedure, and accept the risks to the animal. I understand pre-surgical bloodwork will not be performed. I will consult the participating veterinarian for specific details about the procedure to be performed on my animal.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, feline leukemia virus, feline immunodeficiency virus, heartworm disease, thyroid disease, pyometra, seizures, anemia or any recent illness.

If an unforeseen event/emergency situation occurs that needs immediate medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me.

I certify, to the best of my knowledge, my animal is in good health and was not given food or water after 6:00PM the evening prior to surgery.

I understand the participating veterinarian **will not** perform a comprehensive health screening on my animal before surgery. Further, I understand the participating veterinarian may refuse to perform surgery on my animal if she/he believes it has a significant health risk. I will consult the participating veterinarian for details about health problems that may disqualify my animal from this program. In many cases, these problems may be successfully treated at my expense and my eligibility for this spay/neuter program may be restored at a later time.

In consideration of the Services rendered I accept all liability and consequences which could result from the individual's participation and/or acceptance of the Services, including but not limited to: any medical complications, damages to, or death of the Individual's pet. The Individual affirms that he/she releases the Humane Society of NWPA and the Cooperating Veterinarian from any claim, lawsuit or right that the Individual may have to bring against the Humane Society or cooperating veterinarians.

Signature: _____
(Animal Owner or Authorized Agent of Said Owner)