



Peggy Adams Animal Rescue League Spay/Neuter Surgery Application

Appointment Date
ID # _____

I hereby apply for surgery on the following pet (Name) _____

(Female) Spay (Male) Neuter Dog Cat

Breed _____ Age _____ Color _____ Weight _____

Owner _____ Address _____

City _____ Zip _____

Phone (Daytime) _____ Phone (Evening) _____

Email _____

Where did you obtain your pet? Bred at home Pet Store Breeder Internet Rescue Group Humane Society
 found pet Family/Friend Free ad in paper Other _____

Applicant: Please initial each line that you have read and understand surgery requirements.

- _____ My **cat** is at least four months of age or my **dog** is at least six months of age.
- _____ My pet is not on any type of medication other than heartworm and flea preventative.
- _____ I understand that a physical examination may not be performed prior to surgery. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian. For my pet's safety, if five years of age or older, the animal must have been seen within the last six months by a veterinarian. Records of physical examination CBC and blood chemistry must be faxed or presented to the League prior to surgery.
- _____ I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. I understand that it takes up to two weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- _____ Pet can be bathed with oatmeal or hypoallergenic shampoo only – no harsh shampoos please.
- _____ My pet is not in heat and is not nursing puppies or kittens. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- _____ I certify that my animal is in good health with no sores or injuries and **has not been fed within four hours prior to surgery**. Water is allowed. I understand that Peggy Adams Animal Rescue League has the right to refuse service to any animal to whom surgery is deemed a health risk.
- _____ I will drop-off my pet between 8:00 a.m. and 8:45 a.m. on the scheduled surgery date. (***I understand there may be up to a 30 minute wait.***)
- _____ I will pick-up my pet between 7:30 a.m. and 8:15 a.m. the following day.
- _____ I understand that the operation presents some hazards and that injury or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service just as it is for humans who undergo surgery.

The Peggy Adams Animal Rescue League uses qualified staffing and approved materials for all procedures performed. The League will exercise ordinary care and prudence in the selection of animals suitable for surgery and in the performance thereof. It will not be responsible for any condition in the animal not directly connected with the operation. I certify that I am the sole owner of the above-described animal. I understand that this surgery will be performed by a Veterinarian for a fee unless I am disabled or on public assistance and have made prior arrangements.

I hereby release Peggy Adams Animal Rescue League, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/Agent hereby agrees to indemnify and hold Peggy Adams Animal Rescue League harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. I have read and understand the above application and I agree to its terms.

Owner Signature: _____ Date: _____



Peggy Adams Animal Rescue League Spay/Neuter Payment Information

Appointment Date
ID # _____

Pet Name: _____

Owner _____ Address _____

City _____ Zip _____

Phone (Daytime) _____ Phone (Evening) _____

Email _____

All surgery fees must be prepaid and will be processed at the time we receive your application. Fees for all other services can either be prepaid or paid the morning of your scheduled surgery for your pet.

Please indicate the services needed including your pet's surgery.

<input type="checkbox"/> Cat Spay or Neuter \$35.00 <input type="checkbox"/> Dog Spay or Neuter 90 pounds or less \$100.00 <input type="checkbox"/> Dog Spay or Neuter – Pit Bull or Pit Bull Mix \$50.00 <input type="checkbox"/> Dog Spay or Neuter over 90 pounds \$200.00 <input type="checkbox"/> Microchip \$15.00 <input type="checkbox"/> Canine Heartworm occult test \$15.00 <input type="checkbox"/> Feline Leukemia/AIDS test \$15 <input type="checkbox"/> Elizabethan collar (E-collar) – Large pet \$15 – Small Pet \$10 <input type="checkbox"/> Please provide me with information on low cost vaccine clinic Total amount _____	<p>All surgery fees are subject to change at anytime without notice. Surgery fees must be paid in full prior to services and are non-refundable unless we must cancel because of medical risk.</p> <p>All payments are processed upon receipt of the application.</p>
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Payment options:

You may pay by check, credit card or in person prior to the surgery. Payment is required in advance and is non-refundable.

- I'd prefer to pay in person and will visit the shelter prior to my surgery appointment to make payment arrangements.
- I'm paying by check – I've enclosed my check made payable to Peggy Adams Animal Rescue League. Mailing address 3100/3200 N Military Trail, West Palm Beach, FL 33409 – attention Clinic
- I'm paying by credit card: Please sign here that you are consenting to our processing your credit card for the amount you have indicated above.

Total \$ _____ Name on card: _____ Signature _____

Card # _____ Exp Date: _____ CCV# _____ Date _____

No other veterinary services are offered at this time, please see your regular veterinarian for all other services. The Peggy Adams Animal Rescue League strongly recommends that even if you purchase services from us the day of your scheduled appointment that you still take your pet to your regular veterinarian for yearly physicals and check-ups. We do however offer weekly vaccine clinics and we have heartworm and flea preventative products for sale for those residents who are unable to afford private veterinary care.



Peggy Adams Animal Rescue League Spay/Neuter Instructions & Information

Appointment Date

ID # _____

For your pet's protection please read carefully

1. **Age** - All cats booked for surgery must be at least four (4) months old, dogs must be six (6) months old.
2. **Medications** -Pets cannot be on any type of medication other than heartworm or flea preventative.
3. **Bathing** – You may bathe your pet with a gentle oatmeal or hypoallergenic shampoo. No harsh chemicals please.
4. **In Heat/Nursing** -Female cats and dogs must NOT be in heat at the time of surgery. Females must no longer be nursing and milk must have dried up.
5. **Sores/illness** -We will not perform surgery on your pet if it is ill, significantly overweight, or has sores/injuries. We do not do this to inconvenience you, but in the best interest of your pet. We will reschedule your pet for surgery once it is deemed healthy. If you have any questions please call us. 561-472-8812 or 561-472-8840.
6. **Food/Water** – Please withhold food four hours prior to surgery. Water is allowed.
7. **Leash/Carrier** -Dogs must be on a non-retractable leash and cats in a carrier or box when arriving for surgery.
8. **Animals 5 years and older** -For the safety of your pet you must provide proof of a physical examination with blood tests (chemistry profile, CBC) within the last six months by a private veterinarian prior to surgery. Documentation may be faxed to 561.472.8859.
9. **Appointment** - Please bring your animal to the League between 8:00 a.m. and 8:45 a.m. on the surgery appointment date – you must wait with your pet until seen by a vet tech, please be prepared to wait.
10. **Pick-up** -Your pet will spend the night and must be picked up between 7:30 a.m. and 8:15 a.m. the following day. There will be a \$10.00 late fee for each pet picked up after 8:15 a.m.
11. The surgery fee is required in advance and is non-refundable unless we cancel the surgery for medical reasons.
12. If your pet has not been vaccinated we recommend you make an appointment with our vaccine clinic at least two weeks prior to surgery. We perform low cost vaccines, heartworm occult tests and feline leukemia/aids tests each Sunday by appointment. Call 561-686-3663 for more information.
13. Please be aware that we will shave a small area of your pet's leg where an IV will be inserted.
14. Your pet will be given an injection of pain medication and an antibiotic injection.
15. Suture Removal – We routinely use dissolvable sutures or surgical glue to close the surgical incision. If we have used sutures that need to be removed you will be given an appointment time to return for suture removal ten days post surgery.

We urge you to follow these guidelines to avoid the inconvenience of re-scheduling your pet's surgery. If you have any questions please call the surgery helpline at 472-8812.

Thank you for altering your pet! Along with numerous health benefits, you are helping to save lives of homeless animals by reducing the pet overpopulation problem in Palm Beach County!

The low cost spay/neuter clinic has been partially underwritten by the Crown Family Foundation in loving memory of Barry Crown. Mr. Crown was a board member of the League and will always be remembered for his love of animals and his generosity.