

The Richmond County Animal Shelter SNAP Program

Name (Last) _____ (First) _____ (MI) _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical): _____

Daytime phone: _____ Evening phone: _____ Cell: _____

Number of Adults in household (including you) _____ Number of children in household: _____

What documents are you supplying as proof of eligibility for assistance?

Medicaid card: _____ Food stamp card: _____ SSI : _____

Income tax return: _____ W2: _____ (needed if you don't have food stamp or Medicaid)

Must have Richmond Co. Driver's License: _____ **Or Non-Driver Identification:** _____

What is your current annual income from all sources (before taxes)? _____

Please list your pets that are getting spayed/neutered

Dog/cat	Name	Sex	Breed	Color	Age	Weight

The information I have provided about myself, my household income and my pets are accurate and truthful.

Signature: _____ Date: _____

Spay/Neuter Veterinary Clinic of the Sandhills
(910) 692-FIXX (3499)

Animal ID No 2011-2012	Weight (lbs)
RC	
V#	ID#

Date of Surgery

Admission Form

Your first name

Your last name

Your pet's name

Today -

Pet's age or DOB

Cat

Dog

Male

Female

Has your pet had a litter? Y N

Regular Vet Care: YES NO

Date of last litter:

How many litters

Pet's color(s)

Pet's breed

On Medications/Health Issues:

Anesthesia before: YES NO Reaction:

Address

City

State

ZIP

County

Richmond/

Emergency Numbers where you can be reached DAY OF SURGERY:

Home phone with area code

Work phone with area code

Cell phone with area code

Spay/Neuter Veterinary Clinic of the Sandhills (SNVC) uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize SNVC to perform an operation for sexual sterilization of the animal named above.

I understand that any anesthetic/surgical procedure, including surgical sexual sterilization, presents a degree of risk to the patient and, though minimal, may result in injury or death.

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.

I certify that my animal is in good health.

I certify that my animal has had no food since 12:00 midnight the evening prior to surgery (excluding pets less than 4 months old).

I understand that SNVC has the right to refuse service to any animal determined to be ill. Sick animals are at a higher risk for anesthetic and surgical complications, as well as pose a risk to other animals in the clinic.

I understand that SNVC may not perform a complete physical examination before surgery is performed. 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.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia, and heartworm disease.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery.

I understand that if I do not retrieve my pet at the agreed upon time that SNVC will exercise their right to turn the animal over to the nearest animal control center, humane society, or dispose of as deemed just and proper as allowed by the State of North Carolina under G.S. 90-187.7(a). Owners of pets left after the agreed time shall be charged a boarding fee of no less than \$10.

I understand that payment in full is required at the time services are rendered.

I hereby release the Companion Animal Clinic of the Sandhills Foundation, Spay/Neuter Veterinary Clinic of the Sandhills, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from any of the above, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to hold SNVC unaccountable for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I temporarily release care and custody of the animal listed above to the Humane Society of Richmond County for the purpose of transporting the listed animal to and from the Companion Animal Clinic of the Sandhills Foundation, Spay/Neuter Clinic of the Sandhills. Owner/agent agrees to hold HSRC unaccountable for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I HAVE PROOF OF CURRENT RABIES VACCINATION ATTACHED TO THIS FORM.

MY PET NEEDS A RABIES VACCINE

I AM REQUESTING A MICROCHIP AT AN ADDITIONAL COST OF \$20

SIGNATURE (must be 18 years or older)

TODAY'S DATE

RC _____

Name: _____ Pet Name _____

Appointment Date: _____ 6:00 am at RCAS,
for those self-transporting- 7:45 am at clinic in Vass (pick up before 5pm)

Need Rabies: Yes No Will bring Proof

Microchip (\$20 extra) Yes No

**You must be at the shelter no later than 6:15am
The van will leave without your pet.**

You must have these papers with you the morning of surgery.

***If you can not keep your appointment, you must call 895-0335
and let the shelter know at least 24hrs in advance to cancel or reschedule.
If you fail to do so your money will not be refunded.**

signature: _____

A few simple rules:

1. Your pet should have **NO FOOD OR WATER** after midnight the night before.
2. Your pet should be flea and tick free as well as relatively clean.
3. Please put the ID collar on your pet the **morning** of surgery **BEFORE** you come to the shelter.
4. All dogs must be on a leash and wear a regular collar.
5. You will be called with a time to pick up your pet.
Usual pick up time is between 5 pm to 6:30pm.

Best Phone Numbers: _____ or _____

Employee: _____ Date _____

Waiver for High Risk Surgery:

Your animal could be at increased risk due to any of the following. Please mark if you are aware that your animal has any of these increased risks:

- Medical condition or illness (respiratory infection, GI disease, parasites, skin disease such as Demodectic mange)
- Physical exam finding (heart murmur, fever, poor condition, overweight)
- Age (over 7 years old in general)
- Late term pregnancy
- Recent pregnancy (Must wait AT LEAST 3-4 months from delivery)
- Previous C-Sections
- Brachycephalic animals (Bulldog, Pug, Boston)
- Other reasons _____

Risks from surgery include, but are not limited to, surgical, anesthetic or post-surgical complications, including death. Some medical conditions (such as heart conditions and skin conditions) can be worsened with anesthesia and results may not be apparent immediately.

If your animal has any of the previous conditions:

Your animal may receive skin staples, antibiotics and an Elizabethan collar at an additional charge.

It is the recommendation of the SNVC that your animal receives a diagnostic work-up and medical evaluation/care PRIOR to undergoing surgery. Diagnostic work-up may include: physical exam, ultrasound, ECG, radiographs and/or blood work.

Understanding fully all of the above, I choose to have my animals procedure performed at the Spay/Neuter Veterinary Clinic of the Sandhills and accept all risks associated with this decision. I will not hold the Spay Neuter Veterinary Clinic of the Sandhills or any of its employees or associates liable for any consequences associated with this procedure.

Final decision as to whether or not surgery is performed is up to the doctor on the case. If the doctor feels the animal is at severe risk, SNVC has the right to refuse or stop surgery at any time. Owners will be charged for the procedure once the animal is anesthetized.

If there are surgical or post-surgical complications and the doctor feels it is necessary for the animal to remain overnight for observation or additional care the animal will be transferred to the Animal Emergency Clinic next door at the expense of the owner. It is up to the discretion of the doctor whether the animal needs overnight care, and by signing this waiver you agree to pay for and receive the recommended care. A credit card or deposit will be required at the Emergency Clinic. _____ initial

Animal Names _____

Signature _____ Date: _____