

**Pick-Up is 7:30AM the morning after surgery.** ATHENS AREA HUMANE SOCIETY  
 \$15 late fee after 8 AM, plus \$10 each hour.



Office Use Only  
 \$ \_\_\_\_\_ Cash CC \_\_\_\_\_

Date of Surgery

Your First Name

Your Last Name

Your Pet's Name

Pet's Age or DOB




 Cat  Dog

 Male  Female

Has your pet had a litter?  Yes  No

How long have you had your pet? \_\_\_\_\_

Pet's Color(s)

Pet's Breed

Address

City

State

Zip

Primary Phone with Area Code

Secondary Phone with Area Code

Email or Other Phone

**Athens Area Humane Society (AAHS) 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 AAHS, through whomever veterinarians they may designate, to perform an operation for sexual sterilization and any procedure chosen from the list below of the animal named on the above portion of this form.

I understand that the operation presents some hazards and that injury to 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.

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, or request recommended vaccinations at the time of surgery. 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.

**I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.**

I understand that AAHS has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that AAHS 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, Feline Leukemia, and heartworms.

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

**I understand that additional charges may incur if my animal has an open umbilical hernia, is in heat, pregnant or is a cryptorchid.**

**I understand that pick-up is at 7:30 AM the morning after surgery. I agree to pay a late fee of \$15 plus \$10 per hour if I arrive after 8:00 AM to pick-up my pet. I understand that if I don't retrieve my pet by 8:00AM that AAHS will exercise its right to turn the animal over to the nearest animal control and any reclaim and boarding fees will apply.**

\_\_\_\_\_ Initial

I hereby release the Athens Area Humane Society, 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 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 AAHS harmless 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.

**ALL PETS WILL RECEIVE A SMALL TATTOO ON THEIR UNDERSIDE TO SHOW THAT THEY HAVE BEEN STERILIZED.**

**REQUESTED VACCINES AND SERVICES**

**For Cats and Dogs**

- Rabies Vaccine  1yr  3yr \$10
- Flea Treatment  1M  3M Varies by weight \$10
- Dewormer ..... \$10
- Microchip ..... \$20
- Nail Trim ..... \$5
- Express Anal Glands ..... \$5
- Take Home Pain Medication ..... \$15
- E-Collar ..... \$5

- Ear Cleaning (No Diagnostics) .... \$15
- Hernia Repair ..... \$20

**For Cats ONLY**

- Feline Leukemia Vaccine ..... \$10
- Feline Distemper Vaccine ..... \$10
- FeLV/FIV Combo Test ..... \$25
- Ear Tip (ferals only) Included in Feral Cat Package

**For Dogs ONLY**

- Kennel Cough/ Bordetella Vaccine.. \$10
- Canine Distemper/ Parvo Vaccine .. \$10
- Dewclaw Removal..... \$10 (nonarticulated only)
- Heartworm Test..... \$15
- Heartworm Preventative..... Varies by weight  6M  12M

I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE (Signature notes agreement to all above policies)

DATE