

**Daviess County Animal Care & Control**  
**Spay/Neuter Release**

*ATTENTION: This form must be completed by the animal's owner.*

**Owner Information**

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**#1 Pet Information**

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed: \_\_\_\_\_ (FOR CATS, JUST LIST SHORT OR LONG HAIR)

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Color/: \_\_\_\_\_

Is animal current on Rabies Vaccine: YES / NO (*\*If yes proof of Rabies MUST BE PROVIDED at time of scheduling*)

ADD ONS (optional): Microchip (\$15): YES / NO Additional vaccine (dogs) DAPP / (cats) FVRCP (\$15): YES / NO

**Authorization for Anesthetic Procedure(s), Services and/or Surgery**

*Carefully read and understand the following before initialing & signing your name.*

Daviess County Animal Care & Control (DCACC) uses qualified staffing and approved materials for all procedures performed. It is important you understand that the risk of injury or death, although extremely low, is always present during any medical procedure.

\_\_\_\_\_ I understand that the operation presents some hazards and that injury to or death of this animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, in heat and diseases such as FIV, FeLv and heartworms.

\_\_\_\_\_ I further 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 it takes up to two weeks for vaccinations to protect my animal.

\_\_\_\_\_ For dog owners, I certify that my animal is in good health and has had no food since 9:00 pm the evening prior to surgery.

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

\_\_\_\_\_ I understand that DCACC may **not** perform a complete physical exam before surgery is performed. I also understand that my animal will **not** receive preoperative blood work and waive my right to have this service performed prior to surgery at a full-service clinic.

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

\_\_\_\_\_ I understand that if my animal is pregnant, has an open umbilical hernia, is crypt orchid or has pyometra ,a charge no less than \$20 will be added for additional surgery time/materials.

\_\_\_\_\_ I understand that if my animal has evidence of fleas, my pet may be treated prior to surgery to prevent surgical site contamination and infestation to other animals. The additional fee will be \$10.

\_\_\_\_\_ I understand that if I don't retrieve my pet at the agreed upon time and/or I fail to provide full payment for all performed services at the time of discharge, DCACC will consider the animal abandoned could be adopted, rescued or euthanized. Owners of pets left after the agreed time shall be charged a boarding fee of \$15 per night.

I hereby release the DCACC, 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 animals or any consequences related thereof. Owner/agent hereby agrees to indemnify and hold Daviess County Animal Care & Control 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.

**YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

**IF A CAT IN A TRAP, IT WILL BE EAR TIPPED AS WELL (WHILE UNDER SEDATION).**

I, acting as owner of the animal named above, hereby request and authorize Daviess County Animal Care and Control, through whomever Veterinarian they may designate, to perform an operation and/or other requested procedures on the above-named animal.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Cat: Trap Or Crate      Surgery Date: \_\_\_\_\_      Total Paid by Applicant: \_\_\_\_\_

## Additional Animals

### #2 Pet Information

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed: \_\_\_\_\_ (FOR CATS, JUST LIST SHORT OR LONG HAIR)

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Is animal current on Rabies Vaccine: YES / NO (*\*If yes proof of Rabies MUST BE PROVIDED at time of scheduling*)

ADD ONS (optional): Microchip (\$15): YES / NO Additional vaccine (dogs) DAPP / (cats) FVRCP (\$15): YES / NO

### #3 Pet Information

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed: \_\_\_\_\_ (FOR CATS, JUST LIST SHORT OR LONG HAIR)

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Is animal current on Rabies Vaccine: YES / NO (*\*If yes proof of Rabies MUST BE PROVIDED at time of scheduling*)

ADD ONS (optional): Microchip (\$15): YES / NO Additional vaccine (dogs) DAPP / (cats) FVRCP (\$15): YES / NO

### #4 Pet Information

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed: \_\_\_\_\_ (FOR CATS, JUST LIST SHORT OR LONG HAIR)

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Is animal current on Rabies Vaccine: YES / NO (*\*If yes proof of Rabies MUST BE PROVIDED at time of scheduling*)

ADD ONS (optional): Microchip (\$15): YES / NO Additional vaccine (dogs) DAPP / (cats) FVRCP (\$15): YES / NO