

Reduced Cost Spay/Neuter Application

Complete and return this application in person with proof of eligibility and picture identification to:

Daviess County Animal Care & Control
2620 Highway 81
Owensboro, KY 42301
270-685-8275

Owner Information

Name: _____ Drivers License #: _____

Phone:(_____)_____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: (_____)_____

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

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

_____ 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 understand the risk that my pet might be exposed to infectious diseases spread by other animals also attending the clinic. To the best of my knowledge my animal is in good health.

_____ 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 will **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, in heat, has an open umbilical hernia, is cryptorchid or has pyometra, a charge no less than \$20 will be added for additional surgery time/materials. This is not limited to the items listed above and any additional surgery time will be assessed and added accordingly.

_____ 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 might consider the animal abandoned. Outcome for abandoned animals could be adoption, sent to rescue, 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 Spay/Neuter Clinic, 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.

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

Signature _____

Date _____

(Office Use Only)

Proof Of Eligibility: _____

Shelter Staff Initials & Date: _____

Owner Name:

Owner Phone Number:

Animal Information

#1 Pet Information **NAME:** _____

Dog ___ Breed: _____ Weight: _____ Additional Vaccine(\$15) DAPP YES / NO

Cat ___ (FOR CATS CIRCLE: SHORT / MEDIUM / LONG HAIR) Crate ___ OR Trap ___ Additional Vaccine(\$15) FVRCP YES / NO

Male: ___ Female: ___ Age: _____ Color: _____

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

Microchip (\$15): YES / NO

#2 Pet Information **NAME:** _____

Dog ___ Breed: _____ Weight: _____ Additional Vaccine(\$15) DAPP YES / NO

Cat ___ (FOR CATS CIRCLE: SHORT / MEDIUM / LONG HAIR) Crate ___ OR Trap ___ Additional Vaccine(\$15) FVRCP YES / NO

Male: ___ Female: ___ Age: _____ Color: _____

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

Microchip (\$15): YES / NO

#3 Pet Information **NAME:** _____

Dog ___ Breed: _____ Weight: _____ Additional Vaccine(\$15) DAPP YES / NO

Cat ___ (FOR CATS CIRCLE: SHORT / MEDIUM / LONG HAIR) Crate ___ OR Trap ___ Additional Vaccine(\$15) FVRCP YES / NO

Male: ___ Female: ___ Age: _____ Color: _____

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

Microchip (\$15): YES / NO

#4 Pet Information **NAME:** _____

Dog ___ Breed: _____ Weight: _____ Additional Vaccine(\$15) DAPP YES / NO

Cat ___ (FOR CATS CIRCLE: SHORT / MEDIUM / LONG HAIR) Crate ___ OR Trap ___ Additional Vaccine(\$15) FVRCP YES / NO

Male: ___ Female: ___ Age: _____ Color: _____

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

Microchip (\$15): YES / NO

(Office Use Only)

Surgery Date: _____

Total Paid By Applicant: _____