

2025 Spay/Neuter Clinic Surgical Admission Form

Date of Surgery ____/____/____

Client Information:

Owner First Name: _____ Owner Last Name: _____

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

Daytime/Cell Phone: _____

Emergency Contact and Phone: _____

Email: _____ (please provide an email for discharge instructions)

Patient Information:

Pet Name: _____

Age: _____ weeks/ months / year

Breed: _____

Check one: _____ Male _____ Female

Color : _____

Proof of Current Rabies Vaccination provided:

Comments:

____ Yes ____ No (a rabies will be given)

I, acting as owner and at least 18 years of age; hereby request and authorize the HSNEGA Spay/Neuter Clinic, through such veterinarians and assistants they may designate, to perform or provide the following additional services for the animal identified above. I authorize the additional expense for the following:

Female Dog Over 50 lbs	\$ 200	Male Dogs Over 50 lbs	\$150	Male Cats	\$90
Female Dog Under 50 lbs.	\$150	Male Dogs Under 50 lbs	\$125	Female Cats	\$110

ALL SURGERY PRICES INCLUDE A RABIES VACCINE (IF NEEDED), A NAIL TRIM AND PAIN MEDICATION POST SURGERY

Dog Vaccines & Preventatives:

____ 1 Year Rabies Vaccine	\$20
____ 3 Year Rabies Vaccine	\$35
____ Distemper/Parvo Vaccine	\$20
____ Distemper/Parvo/Lepto Vaccine	\$20
____ Kennel Cough Vaccine	\$20
____ Heartworm Blood Test	\$30
____ Flea/Tick Prevention	Inquire

Cat Vaccines & Preventatives:

____ 1 yr. Rabies Vaccine	\$20
____ 3 yr. Rabies	\$35
____ FVRCP (feline "distemper") Vaccine	\$20
____ FeLV (feline leukemia) Vaccine	\$20
____ FeLV/FIV/Heartworm Blood Test	\$30
____ Flea Prevention- Single Month	\$18

Elective Services:

____ Wellness Blood Work	\$125
____ Microchip	\$30
____ Anal Gland Expression	\$15
____ Ear Cleaning	\$10
____ Retained Baby Tooth Removal	\$20each

Additional Surgical Fees:

____ In Heat/ Estrus	\$30
____ Pregnant	\$50
____ Cryptorchid	\$50
____ Hernia Repair	\$50
____ Overweight/ Obese	\$30



The Humane Society of Northeast Georgia (HSNEGA) 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 undergoing surgery. **Carefully read and initial the following before signing your name.**

_____, I, acting as owner of the pet named above, hereby request/authorize the HSNEGA Spay/Neuter Clinic, through such veterinarians and assistants they may designate, to perform surgery for the sexual sterilization of the animal identified above.

_____ I understand surgery includes inherent risks up to and including possible injury or death of my animal resulting from the procedure and the use of anesthetics and drugs used in providing this service.

_____ I certify my animal is in good health and has had no food (if over 4 months of age) since 10:00 pm the night prior to surgery.

_____ I understand the HSNEGA Spay/Neuter Clinic will not be performing a complete health examination on my animal before surgery is performed; however, I further understand HSNEGA has the right to refuse animals for surgery it deems unhealthy, aggressive, and/or pose a risk to staff or other animals.

_____ I understand if I fail to retrieve my animal at the agreed upon release time, HSNEGA may exercise its right to turn the animal over to Hall County Animal Control.

_____ I understand if my pet is in heat, cryptorchid (testicles not fully descended), pregnant, or has pyometra (uterine infection) there will be additional charges for the more complicated surgery. I authorize this additional expense.

_____ I understand if my pet has an unhealthy amount of fleas, he/she will be given a Capstar. I authorize this additional expense of \$5.00.

_____ I understand my pet will receive a small tattoo on his/ her underside to show she/ he has been sterilized.

_____ I understand HSNEGA is operating only as a surgical clinic and is unable to provide, or be held responsible for, any postsurgical complications or issues. I further understand HSNEGA shall bear no financial responsibility for any postsurgical costs and that it is my full responsibility to provide and pay for any veterinary after-care which may arise.

_____ I hereby release the HSNEGA Spay/Neuter Clinic, the veterinarians, the assistants and all of its officers, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of this surgery or any adverse reactions resulting from other wellness procedures. I agree I will not claim any right of compensation from HSNEGA or file legal action by reason of such sterilization or attempted sterilization of my animal or any consequences resulting thereto. Owner/agent hereby agrees to indemnify and hold HSNEGA harmless for any damages caused during the transportation of the animal or for any damages caused by unforeseeable events including but not limited to fire, vandalism, burglary, auto accident, or weather.

_____ I understand there is an increased risk of complications from surgery for senior pets (7+ years). I certify that my pet is under 7 years of age or I have already had bloodwork done with HSNEGA prior to surgery.

_____ I grant to the Humane Society of Northeast Georgia, its representatives and employees the right to take photographs and/or videos of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

_____ I agree that the Humane Society of Northeast Georgia may use such photographs and/or videos of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Signature: _____ **Date:** ____/____/____
(Owner or Authorized Agent of Owner)

Please help Spay it Forward - _____ Yes, I would love to Spay It Forward – Please add \$_____ to my bill.
_____ No, I would not like to Spay It Forward