

HSNEGA SPAY/NEUTER SURGICAL ADMISSION FORM (June 2026)

DATE OF SURGERY: _____

Client/Owner Information

First Name: _____ Last Name: _____

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

Daytime/Cell Phone: _____ Email: _____

Emergency/Secondary Contact & Phone: _____

Patient Information

DOG or CAT (circle one) MALE or FEMALE (circle one) Pet Name: _____

Breed: _____ Color : _____ Age: _____

If your pet is currently receiving any medications other than flea, tick, or heartworm prevention, please list the medication(s) and the reason they are being given: _____

Proof of current Rabies vaccination provided: YES or NO (circle one)

A rabies vaccine will be administered to your pet for a fee of \$18 unless valid proof of current rabies vaccination is provided before surgery, as required by the GA Dept. of Agriculture. Acceptable proof includes a rabies certificate or an itemized receipt from a licensed veterinarian. Please note: A rabies tag alone is not considered sufficient proof of vaccination.

Please circle the surgery you would like your pet to receive and mark off any additional product or services desired.

DOG SPAY - FEMALE		DOG NEUTER - MALE		CAT SPAY - FEMALE	CAT NEUTER - MALE
Less than 50.0 lb	\$170	Less than 50.0 lb	\$145	\$120	\$100
50.1 to 100.0 lb	\$220	50.1 to 100 lb	\$170		
Greater than 100.0 lb	\$240	Greater than 100.0 lb	\$190		

Included with Surgery: Nail trim, Post Surgical Pain medication & Sedation/Calming medication (if desired and/or recommended)

DOG PREVENTATIVE CARE

_____ Rabies Vaccine (1 year)	\$18
_____ Distemper/Parvo (DHPP/DA2PP) Vaccine	\$25
_____ Leptospirosis Vaccine	\$25
_____ Kennel Cough (Bordetella) Vaccine	\$25
_____ Heartworm Test	\$30
_____ Nexgard (Oral – Flea & Tick)	\$33*

* Single dose, 6 packs available – ask for pricing

Heartworm prevention available, ask about products & pricing

CAT PREVENTATIVE CARE

_____ Rabies Vaccine (1 year)	\$18
_____ Feline Distemper (FVRCP) Vaccine	\$25
_____ Feline Leukemia (FeLV) Vaccine	\$25
_____ FeLV/FIV Test	\$35
_____ Parasedge (Topical – Heartworm, Flea, Intestinal Parasite)	\$19*
_____ Nexgard Combo (Topical – Heartworm, Flea, Tick, Tapeworm, Additional Intestinal Parasites)	\$29**

* Single dose, 3 pack \$47, ** Single dose, 3 pack \$80

ELECTIVE SERVICES AND PRODUCTS

_____ Microchip Placement	\$30
_____ Bloodwork* (CBC and CHEM10)	\$130
*Required for pets ≥ 7 years of age if current lab results not provided	
_____ Cardboard Cat Carrier	\$10
_____ E-collar/Cone	\$12
_____ Surgical Onesie	Cat \$20 / Dog \$28
_____ Post-Op Sedation Medication	No charge

ADDITIONAL/ADD-ON SURGICAL SERVICES

_____ In-heat/Estrus	\$30
_____ Pregnant or Recent Post-partum	\$50
_____ Cryptorchid (testicles not fully descended)	\$50
_____ Extremely Overweight/Obese	\$50
_____ Reducible Umbilical Hernia Repair	\$50

Recommendations for antibiotics, anti-nausea or other medication may be made based on a pet's particular situation.

PLEASE COMPLETE THE BACK OF THIS FORM.

I, as the owner and being at least 18 years of age, hereby request and authorize the HSNEGA Spay/Neuter Clinic and its designated veterinarians and assistants to perform the services selected on the front of this form and to provide any additional services that may be necessary for the animal identified below due to specific circumstances.

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 midnight (12 am) the night prior to surgery.

_____ I understand that HSNEGA Spay/Neuter Clinic will perform a physical examination of my animal prior to surgery. I acknowledge that this examination has limitations and may not detect all underlying health issues. I further understand that HSNEGA reserves the right to refuse surgery for any animal it deems unhealthy, aggressive, or that poses a risk to staff or other animals.

_____ I understand if I fail to retrieve my animal at the agreed upon release time, this is considered abandonment and HSNEGA may exercise its right to turn the animal over to Hall County Animal Control as we are not a facility that offers boarding.

_____ I understand if my pet is found to be 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 that if my pet is determined to be pregnant at the time of surgery, the spay procedure will result in termination of that pregnancy. I understand that pregnancy may not always be detectable before anesthesia or surgery, and I authorize the veterinarian to proceed with the spay surgery regardless of pregnancy status.

_____ I understand if my pet has an unhealthy amount of fleas, he/she will be given a Capstar (mediation that kills fleas, lasts for 24 hr). 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 understand that pets 7 years of age or older have an increased risk of complications associated with anesthesia and surgery. I certify that my pet is under 7 years of age; or If my pet is 7 years of age or older, I certify that pre-anesthetic bloodwork has been performed within the past 60 day by my regular veterinarian, and that I have provided the results to HSNEGA's veterinary team for review today. If recent bloodwork results are not provided, I agree to have bloodwork performed today at HSNEGA prior to surgery (cost on front of form). I understand that abnormal or concerning lab results may result in my pet's surgery being declined or postponed at the discretion of the attending veterinarian.

_____ 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 give permission to HSNEGA and its representatives to take photographs/video of my pet for various purposes, including, but not limited to promotion. I understand I will not be paid for these photographs and/or video footage and have no rights to them.

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