

HUMANE SOCIETY OF DELAWARE COUNTY
 4920 ST. RT. 37 EAST * DELAWARE, OHIO 43015
 740.369.7387 * WWW.HSDCOHIO.ORG

Required Vaccinations: (Rabies)

- My animal has had a rabies vaccination in the past 12 months (certificate/documentation enclosed)
- My animal needs a rabies vaccination(must be over 3 months or older \$ 8.00 for 1 year (\$10 for 3 years with proof of 1 year) _____
- My dog/cat has had a distemper vaccine within the last 12 months
- Please give my dog/cat a distemper vaccination....\$ 8.00 _____

Suggested Tests/Vaccinations
Canine Heartworm Test:

- A Heartworm test is not required (must be 6 months or old).
- Please perform a Canine (dog) Heartworm test.....\$ 15.00 _____
- A Bordatella is not required but recommended for kenneling
- Please perform a Canine (dog) Bordatella...\$ 10.00 _____

Feline Leukemia Test OR Feline Leukemia/FIV Test:

- My cat has had a Leukemia test within the last 12 months.
- Please perform a combo FeLV/FIV test on my cat.....\$15.00 _____
- Pain medication..... under 85lbs \$9.00 over 85lbs \$12.00 _____
- Trim Nails..... \$ 5.00 _____
- Microchip..... \$ 20.00 _____
- Clean Ears..... \$ 5.00 _____
- Accarexx (for ear mites)....\$10 _____
- Dermavet..... \$10/treatment bottle _____
- Fecal test..... \$ 13.00 _____
- Cat wormer: Drontal \$5/pill Strongid \$5/2 week doses _____
- Dog wormer: Panacur \$10/3 day dose _____
- FELV Shot..... \$15.00 (with neg.test) _____
- Flea/tick prevention...\$10.00(1 dose) \$60.00 (6month) _____
- Capstar.....\$7/pill _____
- Heartworm prevention \$5.00 (1 month) \$30.00 (6 m)(with neg. test) _____

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Blood work pricing: Pre-anesthetic Panel: \$30-this is a 6 chemistry panel
Screens for abnormal organ functions that could predispose to possible anesthetic complication.

TOTAL DUE: \$ _____

Additional medication may be needed if something is found, prices are below.

Clavamox \$20/bottle
Clindamycin \$7/bottle
antibiotic pills .25/pill
Terramycin \$15/tube

If any of the following are found during surgery they will be taken care of and you will pay for it at the time of pick up:

Pyomertria, Pregnancy, Heat cycle, Cryptorchidism and/or Hernia

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SURGICAL CONSENT AND WAIVER OF LIABILITY

I hereby request the Humane Society of Delaware County's Low-Cost Spay & Neuter Clinic to perform the above noted surgery on my animal and any other treatments checked above.

To my knowledge, the animal is in good health.

I acknowledge the fact that all pre- and post-operative care is my responsibility. I will not hold the Humane Society of Delaware County (HSDC) responsible for any adverse reaction or complication that may develop as a result of my inability to keep the pet inside and quiet for the requested time by the Humane Society of Delaware County veterinarian.

I am the owner of the above animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the use of such anesthetics as the veterinarian of the Humane Society of Delaware County deems advisable and the performance of such surgical or therapeutic procedure as the veterinarian determines necessary and/or advisable.

I understand that there is a degree of unavoidable risk that is involved with any anesthetic, surgery or vaccinations.

I understand that a thorough physical examination will not be done at the time of surgery.

I understand that my pet is at a greater risk due to the following:

If my pet has not had a current thorough physical examination

If my dog or cat has not had a complete vaccination series

If my dog has not received a Bordatella vaccination from my veterinarian 14 days prior to surgery.

If my dog has not been checked for heartworms

If my dog is not on heartworm preventative at this time

If blood work was not done prior to surgery

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I agree to indemnify and hold harmless the Humane Society of Delaware County, the attending veterinarian, and any of the officers, employees or agents of said corporate entity from any and all liability arising out of the performance of all procedures referred above.

I agree to pick up my animal at the time specified between 5:00 PM and 6:00 PM on the date of surgery. I will contact the HSDC before 5:30 PM if I am going to be late and need to board my pet. I understand that I will be liable for boarding fees of \$25.00 per night. If after 3 days, your animal has not been picked up, it will be considered abandoned; dogs and cats will be placed into the HSDC system after 3 days.

I have read, understand, accept, and agree to be bound by the above conditions.

Date Legal Owner or Responsible Party

- I want blood work on my pet before the surgery is performed
- I don't want blood work on my pet before the surgery is performed

Legal Owner or Responsible Party signature

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VACCINE CONSENT AND WAIVER OF LIABILITY

I give permission for my pet to be vaccinated at the Humane Society of Delaware County's Clinic and acknowledge that such vaccinations do not constitute complete health care. It is essential that my pet receive a yearly physical examination.

I also state that my pet has no sign of disease, is not allergic to vaccines, and is not pregnant (only pertains to pets not getting spayed).

I understand that vaccinations may cause unexpected reactions in pets.

I agree to accept all risks of vaccinations and personally accept both legal and financial responsibility for all charges incurred as a result of such risks.

I accept that it is my responsibility to seek emergency care as need or directed.

I agree to indemnify and hold harmless the Humane Society of Delaware County (HSDC), the attending veterinarian, and any of the officers, employees or agents of said corporate entity from any and all liability arising out of the performance of all procedures referred above.

I have read, understand, accept, and agree to be bound by the above conditions.

Signature of witness for HSDC

Date

Legal Owner or Responsible Party

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