

FOR STAFF USE ONLY

Date Received: _____
 Sched: _____
 Amount Paid: _____
 Date Paid: _____
 Initials: _____



**7649 Industrial Park Road
 Hornell, NY 14843
 Phone: 607-324-1270
 Fax: 607-324-5584
 hahs1@yahoo.com**

SPAY/NEUTER ASSISTANCE APPLICATION (ONE APPLICATION PER ANIMAL)

This program provides low cost spay/neuter surgeries for low income pet owners who meet the income guidelines or have a rescued pet. Once the application, documents and fees have been received, reviewed, and approved by HAHS, you will be contacted to schedule an appointment.
****Please note that any part left incomplete could forfeit your application. Please make sure to provide a complete application as well as the necessary documentation for proof of income. The consent form MUST be signed or surgery will not be performed.****

INCOME GUIDELINES

You must provide proof of **one** of the following for income verification: **(MUST BE SUBMITTED WITH APPLICATION & MUST BE CURRENT)**

HEAP Retirement Social Security Assistance SNAP (Card Not Accepted) Medicaid (Card Not Accepted)

If you do not receive government assistance, then you **MUST** provide one (1) months worth of pay stubs from each person in the house who works.

Was this animal rescued/adopted from an adoption agency? Yes No If so, from where? _____

Was this animal found as a stray? Yes No If so, from where? _____

CLINIC FEES

- **SPAY/NEUTER FEES ARE TO BE PAID PRIOR TO SCHEDULING AN APPOINTMENT.**
- **WE ACCEPT CASH, CREDIT OR DEBIT CARDS. NO CHECKS!**

MALE CAT NEUTER	\$50 <input type="checkbox"/>	FEMALE CAT SPAY	\$70 <input type="checkbox"/>
DOG NEUTER UP TO 60LBS	\$100 <input type="checkbox"/>	DOG SPAY UP TO 60LBS	\$125 <input type="checkbox"/>
DOG NEUTER 61-90LBS	\$125 <input type="checkbox"/>	DOG SPAY 61-90LBS	\$150 <input type="checkbox"/>

SPAY/NEUTER PRICES INCLUDE: *RABIES VACCINE, NAIL TRIM, EAR CLEANING, & FLEA TREATMENT IF APPLICABLE

ADDITIONAL FEES AND OPTIONAL SERVICES

(Optional services can be paid for prior to surgery, additional fees are to be paid the day of surgery)

Please check the box next to all optional services you would like performed on your pet.

CRYPTORCHID (ONE TESTICLE) (Additional fee)	\$20 <input type="checkbox"/>	HERNIA REPAIR	\$15 <input type="checkbox"/>
FELINE LEUKEMIA/FIV TEST	\$30 <input type="checkbox"/>	MICROCHIP	\$35 <input type="checkbox"/>
FELINE DISTEMPER VACCINE (FVRCP)	\$15 <input type="checkbox"/>	CANINE DISTEMPER VACCINE (DHPP)	\$15 <input type="checkbox"/>

APPLICANT INFORMATION

Full Name:		How many people in household:	
Current address:			
City:	State:	ZIP Code:	County:
Home Phone:		Cell Phone:	

PETS INFORMATION (PLEASE FILL OUT ENTIRELY)

Species: Dog Cat	Name:	Sex: M F	Approx. Age: ____ Months ____ Years
Dog Breed:	Cat Breed: Short hair Medium hair Long hair Other: _____		
Weight:	Color:	Date of last rabies vaccine _____ (bring certificate with application)	
How long have you had this pet?	If female, is she nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your pet: Indoors Outdoors Both	

Has this pet shown signs of illness in the last week such as coughing, sneezing, vomiting, diarrhea, seizures, or been diagnosed with any contagious or life threatening disease(s) or congenital disease(s) such as a heart murmur? Yes No

Has this pet bitten anyone in the last 10 days? Yes No

To the best of your knowledge will this pet allow an unknown person to handle them without causing harm to the handler? Yes No

****Please note cats that are NOT able to safely be handled, will be scheduled on a feral day and MUST come in a live trap. Any dogs who act aggressively may not be able to have surgery performed as the safety of your pet and our staff is our top priority.****

CONSENT FOR MEDICAL PROCEDURE(S) – PLEASE READ, AND SIGN

We strongly recommend your pet visit your regular veterinarian for a thorough physical exam, to discuss your pet's care, and to have all recommended testing performed prior to surgery. Our medical staff will examine your pet prior to surgery however we still recommend following the recommendations of your regular veterinarian. By signing this form you are acknowledging that you have either had your pet examined and tested as recommended prior to surgery, or that you are waiving the right to do so, and both acknowledge that your animal may be at increased risk of contracting disease or occurring illness or death due to anesthesia or the surgical or medical procedures and that you understand and accept these risks and will not hold the staff associated with the Hornell Area Humane Society liable for such outcomes.

- I, being of legal age (18) and lawfully authorized to make decisions for this animal authorize and give my consent to the Hornell Area Humane Society and its agents to receive, transport, prescribe for, treat, and/or perform sterilization surgery and vaccination to this animal.
- I understand that modern techniques will be used and trained staff will care for my animal, and reasonable precautions will be used against injury, escape, illness and death or the animal. It is thoroughly understood by me that the Hornell Area Humane Society, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume and understand all risks involved with the procedures my pet will receive.
- If a condition is discovered that requires medical attention or and additional procedure such as the administration of intravenous fluids or medications, the veterinarian may in his/her discretion, perform such procedure. I consent to these procedures and agree to pay any reasonable additional charges, if any.
- I understand that the medical staff can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that my animal will receive a small tattoo to indicate he/she has been sterilized.
- I understand that the HAHS is unable to board animals the night before. Animals **must** be brought in the morning of surgery (**cats in appropriate carrier and dogs on leash or in an appropriate carrier**).
- I understand there will be a \$25 fee for no-shows or cancellations less than 24hrs before the appointment.
- I understand that my animal must be picked up from the shelter before closing time (5 pm). If I do not claim the animal, I will be charged a boarding charge not less than \$25/day.
- I understand I am responsible for following directions as given to me by the staff of The Hornell Area Humane Society and I am responsible for any additional services required for my pet upon discharge from the shelter clinic.

I, the owner/agent for this animal, understand that this is a legal document; have read it carefully; and fully understand its content. By my signature below, I give my informed consent to all of its terms.

Signature _____

Date _____

- FOR SAFETY, ALL CATS MUST BE IN PROPER INDIVIDUAL CAT CARRIERS.
!! DO NOT BRING MULTIPLE CATS IN SAME CARRIER. !!
- WE ARE UNABLE TO BOARD ANIMALS THE NIGHT BEFORE. ANIMALS MUST BE BROUGHT IN THE MORNING OF SURGERY.

Pre-operative Instructions

CANCELLATIONS

We appreciate as much notice as possible if you need to cancel or reschedule your appointment as we often have a waiting list of animals in need of our services. We have reserved a surgical slot for you, if you are not able to keep your appointment, please let us know ASAP, (607)324- 1270. Cancellation less than 24h prior to your appointment will incur a \$25 surcharge.

VACCINATIONS

For your pet's protection we recommend cats and dogs have their Distemper vaccination prior to their appointment. Per NYS law, cats and dogs are **required** to have a current Rabies vaccination. Vaccines take two weeks to take effect so schedule your surgery at least two weeks after the vaccination. If your pet is not vaccinated for rabies, we will vaccinate at time of surgery. **PLEASE provide previous vaccine records/certificates or your pet will receive a 1 year rabies vaccine.**

NIGHT BEFORE SURGERY

- 1) If the animal normally stays outdoors overnight, they must stay indoors the evening before surgery.
- 2) Animals **MUST** have food withdrawn at 9pm the night before surgery. Access to water is allowed at all times. This lessens the chances that the animal will vomit food and aspirate the vomit into their lungs. **If your pet has eaten on the morning of surgery, we will refuse to do surgery.** This is for your animal's safety.

CHECK-IN TIME

- 1) We check-in all patients at the same time of **8:00 am**. We have a very strict surgical schedule that must be followed. It is very important that you arrive on time. **If you are late we may need to re-schedule your appointment.**
- 2) When you arrive please leave your pet in the car and come inside first to assure that all paperwork is in order.
- 3) **Cats without a proper pet carriers will be sent home.**

DISCHARGE

- 1) For safety reasons we are unable to take calls during surgery hours. Pick up time is between 4pm and 5pm, unless you are called for an earlier time.
- 2) We will review the post-operative instructions with you at time of pick-up. You will be told what to expect over the next few days as your pet recovers from surgery.
- 3) All animals **must** be picked up from the shelter before closing time (5pm). If you do not pick up the animal, you will be charged a boarding charge not less than \$25/day.