

Hornell Area Humane Society

7649 Industrial Park Road
 Hornell, NY 14843
 607-324-1270 – Fax 607-324-5584
 www.hornellanimalshelter.org

SPAY/NEUTER ASSISTANCE APPLICATION

APPLICANT INFORMATION

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 and residency. Currently our spay/neuter assistance serves the Steuben, Allegany, and Livingston County residents.

Full Name:

Phone:

Other:

Email:

Current address:

City:

State:

ZIP Code:

Own Rent *(Please circle)*

County:

INCOME

Please provide proof of the following that apply to income verification: (MUST BE SUBMITTED WITH APPLICATION)

Pay Stubs

HEAP

Retirement

Social Security Assistance

Government Assistance

SNAP

Medicaid ID Card

PETS INFORMATION

Name:

Age:

Sex:

Breed:

Species: Dog Cat

Weight:

Color:

How long have you had this pet?

Is your pet: Indoors Outdoors Both

How did you hear about us?

Thank you for your interest in the low cost spay/neuter program. This program provides low cost spay/neuter surgeries for low income pet owners' who meet the residency and income guidelines.

The pet must be at least three months old at the time this application is submitted. Return this application with the required documents and fees to the address above. Once the application, documents and fees have been received, reviewed, and approved by HAHS, you will be notified to schedule an appointment with us for your pet to be spayed or neutered.

WE ARE UNABLE TO BOARD ANIMALS THE NIGHT BEFORE SURGERY. ANIMALS MUST BE BROUGHT IN THE MORNING OF SURGERY.

CLINIC FEES

- ALL FEES ARE TO BE PAID PRIOR TO SCHEDULING AN APPOINTMENT.
- A \$20 FEE WILL BE ASSESSED FOR COMPLETE CANCELATION OR LESS THAN 24 HOUR NOTICE OF NEED TO RESCHEDULE APPOINTMENT.

MALE CAT NEUTER

\$50

FEMALE CAT SPAY

\$70

DOG UP TO 40 POUNDS

\$100

DOGS 40-90 POUNDS

\$125

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Was your pet adopted from us?

Name of Animal at Shelter _____

Date: _____ Owner/Agent name: _____

Address: _____

City: _____ State: _____ Zip code _____

Telephone number (where you can be reached immediately): _____

Animal name: _____ Species (circle): dog cat

Breed: _____ Sex: _____ Age: _____ Color: _____

Date of last vaccinations: Distemper combo: _____ Rabies: _____ 1 3 year

Patient information – Please fill out:

What time did your pet last have food/water? (Day before surgery) Date: _____ Time: _____

How long have you had this animal? _____

Has this pet ever had puppies/kittens? If yes, when was the last litter: _____

Is there a possibility this pet has been spayed/neutered or could be pregnant? _____

If you have a female pet, when was the last time she was in heat? _____

Has this pet ever had a reaction to vaccinations or anesthesia? _____

Is your pet on any medications? If yes, list them: _____

Has your animal bitten anyone in the last 10 days? _____

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? If yes, list them: _____

Clinic use only

Surg. Date: _____ Weight: _____ Temp: _____ Pulse: _____ Resp: _____

Physical Exam notes: _____

Anesthesia: _____

Pain med: _____ Start time: _____ End time: _____

Surgery notes: _____

CONSENT FOR MEDICAL PROCEDURE(S) – PLEASE READ, INITIAL 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 my animal must be picked up from the shelter at the time designated by the staff on the day of surgery. If I do not claim the animal, I will be charged a boarding charge not less than \$20/day. If the animal is not picked up in the time accordance with the law, the animal will be considered abandoned and become property of the Hornell Area Humane Society and I will be responsible for boarding charges until that time.

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 _____

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.

FEES

All fees are to be paid when application is turned in as well as eligibility verification. This is to be done before an appointment will be made. A \$20 fee will be assessed for complete cancellation or less than 24 hour notice to reschedule appointment. We accept cash, credit or debit cards. **NO PERSONAL CHECKS.**

VACCINATIONS

For your pet's protection we recommend cats have their Distemper vaccine (distemper-herpes-calicivirus) prior to their appointment. 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.

NIGHT BEFORE SURGERY

- 1) If the animal normally stays outdoors overnight, they must stay indoors the evening before surgery.
- 2) Animals over four months old **MUST** have food and water withdrawn at midnight the night before surgery. This ensures that the animal's stomach is empty by the time they are put under general anesthesia. This lessens the chances that the animal will vomit and aspirate the vomit into their lungs. If your adult pet has eaten on the morning of surgery, we will refuse to do surgery.
- 3) Pediatric animals (4 months or younger) should have a small amount of food and water available until 6:00AM on the morning of surgery then it should be taken away. This helps to avoid a decreased blood sugar level.

CHECK-IN TIME

- 1) We check-in all patients at the same time –8:00 am.
- 2) 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.
- 3) Plan to be here 20-30 minutes in the morning.
- 4) When you arrive please leave your pet in the car and come inside first to assure that all paperwork is in order.
- 5) The vet tech will let you know when to bring your pet in.

★ Please note that in the rare event of unforeseen circumstances or emergencies at the clinic there may be a longer wait at check-in or your pet's surgery may need to be rescheduled.

PRE-SURGERY EXAM

- 1) Our veterinarian will perform a pre-operative physical examination to make sure that your pet is a good candidate for surgery.
- 2) If your pet is too fractious to handle, a physical exam will be performed under anesthesia.
- 3) Feral cats receive their physical exams under anesthesia.
- 4) If your pet shows signs of illness or if there are any concerns (such as age, a heart murmur, severe upper respiratory infection, obesity, food in stomach, etc.) we may refuse surgery if we feel surgery is a health risk.

WHAT TO BRING TO YOUR APPOINTMENT

- 1) You must pay for services prior to appointment. We accept cash, credit or debit cards. **NO PERSONAL CHECKS.**
- 2) Cats must be in a clean pet carrier commercially manufactured for the purpose of transporting cats and must have a secured door, such as a hard plastic carrier or a cardboard carrier. We **DO NOT ACCEPT** animals in boxes, plastic totes, laundry baskets, or other non-standard or homemade devices.
- 3) Do not put multiple cats in one carrier. Your pet needs to be able to lie down comfortably in the carrier after surgery. Your pet may be agitated or aggressive when they go home due to the after-effects of anesthesia. Cats that routinely get along well may not be tolerant of each other in the immediate post-operative period.
- 5) If your cat is not in a proper carrier as described above, a cardboard carrier will be provided to you at the cost of \$5.
- 6) If your pet has current vaccination records please bring them if you have not provided them. If your pet has a current rabies vaccine, we need to see proof (actual rabies certificate not rabies tag or license).

DISCHARGE

- Once surgical procedures are completed and after full recovery from anesthesia, animals are discharged from the clinic the same day as surgery.
- Cat discharge is from 4:30-5:30pm. You have the option of picking up your pet earlier if they are awake enough to go home. In this case we will call you at the number you provide when we feel it is safe to discharge your pet.
- Plan to be here 20-30 minutes for discharge. Please note that in the rare event of unforeseen circumstances or emergencies at the clinic there may be a longer wait at discharge.
- We will review the post-op instructions with you. You will be told what to expect over the next few days as your pet recovers from surgery.
- You will be told of any conditions or medical issues the veterinarian may have found during examination which may require follow up at a full service veterinary clinic.

★ You must pick up your pet as scheduled as we do not board pets. Any pets left overnight at the Hornell Area Humane Society will be charged a fee of \$20 per day and unclaimed pets will become property of the shelter as permitted by law.

---PLEASE NOTE: ALL REFUNDS WILL BE BY COMPANY CHECK---