



94 S Main St. Newtown, CT 06470

## SPAY/NEUTER APPLICATION

***DROP OFF TIME MUST BE BETWEEN 8:00AM – 8:30AM***  
***These times are not flexible and may be subject to rescheduling***

All dogs must be on leash and cats in carriers.

**Following forms AND up-to-date vaccination records MUST be completed and emailed to [Clinicadmin@Daws.org](mailto:Clinicadmin@Daws.org) in order for your appointment to be confirmed.**

An up to date Distemper (DHPP/FVRCP) and Rabies is REQUIRED.  
If you cannot provide documentation, we will administer the vaccine AT YOUR EXPENSE.

Last Name : \_\_\_\_\_  
First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Best number to reach you on the day of your appointment): \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Dog or Cat: \_\_\_\_\_

**Bloodwork is required for all animals 7 years of age or older. Please submit bloodwork from your Veterinarian on the day of surgery.**

### **Please answer the following questions:**

- Please describe the temperament of your pet (friendly, fearful, aggressive, etc)  
\_\_\_\_\_
- Does your pet have any known medical issues, allergies, is he/she currently on any medications?  
\_\_\_\_\_
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite?  
\_\_\_\_\_
- Has your pet bitten anyone in the past (check one)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**DAWS 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 who undergo surgery. Carefully read and understand the following before signing your name. Please initial next to each question.**

I, acting as owner or agent of the pet named above, hereby request and authorize DAWS, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

\_\_\_\_\_ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs providing this service.

\_\_\_\_\_ I certify that my animal is in good health and will not be fed after 12:00 midnight the evening prior to surgery.

\_\_\_\_\_ I understand that DAWS has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_\_ I understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

\_\_\_\_\_ I understand some factors significantly increase surgical risk, including but not limited to, pregnancy, heat and diseases such as Feline Immunodeficiency Virus, Feline Leukemia and Heartworm.

\_\_\_\_\_ I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

\_\_\_\_\_ I assume full responsibility for all charge and services incurred on by DAWS on my pet's behalf and I agree to pay such charges prior to the procedure.

\_\_\_\_\_ I understand that DAWS does provide standard operative care during surgery and provide operative and post-operative medication for pain management. DAWS DOES NOT provide post-operative care nor are we available after the surgery. If any complications arise, please see your veterinarian immediately.

\_\_\_\_\_ I understand that DAWS does not refund any fees or portions thereof for any reason.

\_\_\_\_\_ I understand that pick up time will be provided to me at the time of drop off. Late fee of \$20 will apply for any late pick up of more than 20min past the provided time.

\_\_\_\_\_ I understand that there will be 50% deposit fee once the appointment date and time is confirmed.

\_\_\_\_\_ I hereby release DAWS, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

**\*\* Please be aware that we are NOT a veterinary hospital and CANNOT be available for post-operative care. We encourage you to see follow up care with your veterinarian. \*\***

**Please check any extra services/items you would like.**

E-collar \$15.00 \_\_\_\_\_

Microchip \$35 \_\_\_\_\_

Requested Feline Vaccines and Services:

FVRCP Vaccine \$30 \_\_\_\_\_

Rabies Vaccine \$30 \_\_\_\_\_

Felv/FIV blood test \$55 \_\_\_\_\_

Requested Canine Vaccines and Services:

Canine Distemper/Parvo Vaccine \$30 \_\_\_\_\_

Kennel Cough Vaccine \$30 \_\_\_\_\_

Rabies Vaccine \$30 \_\_\_\_\_

4DX Test \$55 \_\_\_\_\_

\_\_\_\_\_ I HAVE PROOF OF CURRENT RABIES AND DISTEMPER VACCINATION (please check)

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date