



Danbury Animal Welfare Society (DAWS)
147 Grassy Plain Street, Bethel, CT 06801
Phone: (203) 790-6511 Email: clinic@daws.org

SPAY / NEUTER APPLICATION

SURGERY DROP OFF TIME IS BETWEEN 8:00 AM - 8:30 AM

These times are not flexible and may be subject to rescheduling

The following form AND up-to-date vaccine records MUST be completed and emailed to clinicadmin@daws.org in order for your appointment to be confirmed.

An up-to-date Distemper (DHPP/FVRCP) and Rabies is REQUIRED for your pet. If you cannot provide current documentation PRIOR to arrival for your surgery appointment, we will administer the vaccine(s) to your pet AT YOUR EXPENSE.

Last Name: _____ First Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone (best number to reach you on day of appointment): _____

Email: _____

Pet's Name: _____ Age or DOB: _____

Species: Dog Cat Sex: Male Female Weight: _____

Breed: _____ Color/Markings: _____

Bloodwork is required for all animals 7 years of age or older. Please submit bloodwork from your primary veterinarian prior to the day of surgery.

Please answer the following:

- Describe the temperament of your pet (friendly, fearful, aggressive, etc):

- Does your pet have any known medical issues, allergies, or is he/she on any medications?

- Has your pet had any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in eating/drinking in the past 14 days? _____
- Has your pet ever bitten anyone in the past? Yes No

DAWS uses qualified staffing and approved materials for all procedures. It is important to understand that the risk of injury and/or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following. **Please initial next to each statement:**

_____ I, acting as owner/agent of the pet named above, hereby request and authorize DAWS, through their designated veterinarian, to surgically sterilize my animal. I understand that anesthesia and surgery present some hazards, and that injury to or death of my pet may conceivably result, as there is an inherent risk in anesthetics and surgery procedures.

_____ I certify my pet is in good health, and will not be fed after midnight the evening prior to surgery

_____ I understand that DAWS has the right to refuse or post-pone service to any animal to whom surgery or anesthesia is deemed a health risk, that my pet will not receive pre-operative bloodwork or a complete physical exam, and waive my right to have these services provided prior to surgery at a full-service clinic.

_____ I understand that some factors significantly increase surgical risk, including (but not limited to): pregnancy, heat, injuries, infections, and diseases such as FIV, Feline Leukemia, and heartworm

_____ I understand that if my pet is pregnant, the pregnancy will be terminated at surgery

_____ I assume full responsibility for all charges/services incurred by DAWS on my pet's behalf, and agree to pay such charges. I understand that DAWS does not refund any fees or portions thereof for any reason

_____ I understand DAWS does NOT provide post-operative care. If any complications arise, I agree to seek care at my primary veterinary clinic or local urgent care/emergency facility at my expense

_____ I understand that my pet will receive a small green abdominal tattoo to indicate they are sterilized

_____ I understand that if my pet bites a human while at DAWS, DAWS will follow local and state ordinances with regards to public health rabies protocol, and I agree to also abide by such laws

_____ I understand that if my pet has live fleas, he/she will receive a Capstar treatment (\$25 charge)

_____ I understand that it is my responsibility to provide vaccine records to DAWS PRIOR to my scheduled appointment, and that if I fail to produce valid, up-to-date vaccine records for my pet(s), DAWS will administer the vaccines at my expense (\$30 for rabies, \$30 for DHPP/FVRCP)

_____ 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.

Office Use Only: Animal: _____ Family: _____

****Please be aware that DAWS is NOT a full-service veterinary hospital and is NOT available for post-operative care. We encourage you to seek follow up care with your primary veterinarian****

Please check and extra services/items you would like:

_____ E-collar \$25 _____ Microchip \$40 _____ Nail trim \$15 _____ Ear cleaning \$20

Feline Vaccines and Services:

_____ Rabies vaccine \$30
_____ Distemper (FVRCP) vaccine \$30
_____ FeLV/FIV blood test \$65
_____ NexGard Combo for cats single dose \$25

Canine Vaccines and Services:

_____ Rabies vaccine \$30
_____ Distemper/parvo (DHPP) vaccine \$30
_____ 4Dx test \$65
_____ NexGard for dogs single dose \$25
_____ Kennel cough (Bordetella) vaccine \$30

_____ I HAVE ATTACHED/INCLUDED PROOF OF CURRENT RABIES AND DISTEMPER VACCINES (please check)

By signing this waiver, I willingly assume the risk and responsibility of participating in the DAWS spay/neuter program. I hereby release DAWS, any and all of their officials, officers, directors, veterinarians, employees, agents and/or volunteers from any and all claims arising out of or connected with the performance of this program. I agree to indemnify and hold DAWS, and any and all of their officials, officers, directors, veterinarians, employees, agents and/or volunteers harmless for any damages caused during this program, or for any damages caused by participation in the program.

Full Name (Print)

Date

Signature