Office Use Only
Program:
ID:

Animal Welfare Association

Date

509 Centennial Blvd, Voorhees, NJ 08043 856 424 2288 ext. 105

Street Address Street Address State Zip Email Address Alternate Phone If the animals listed below are up to date on vaccinations, please bring proof of current vaccinations at the time of your appointment; if these animals are not up to date on vaccinations appropriate vaccinations will be given at our clinic and you will be charged accordingly Animal I Name Dog Cat Male Female Age Breed Color SERVICES REQUIRED (please circle services/ products needed) *Spay/Neuter Rubies Vaccine Distemper Vaccine Bordetella Vaccine(Dogs) Ear Tip(feral Cuts) Fel V/FIV Test Heartworm Test HLE Combo Test Heartworm Preventative Other Hay your pet ever seen a veterimarian? Yes/No If yes, please describe: If yes, please describe: If yes, name of vet: Sill out other side for additional animals? Authorization for Surgery: I, the undersigned, acting as the owner/guardian of the animal(s) named on this form, have read and understood this entire form and authorize the Animal Welfare Association ("AWA") to ansethetice, surgically sterilize (spay or castrate) and provide other related medical care to my animal(s), including pain management and a lattoo in the form of a single K" green line neary roup relfs) surgical incision, or in the case of male casts/, on their bely. I certify that to the best of my knowledge my animal(s) is/are in good health and has/have not eaten during the directed pre-operative period of time. I understand that there are inherent risks associated with ansethesias and surgery: I further agree to hold harmless the animal shetter, animal welfare group or humane society that may have scheduled the surgery. If urther agree to hold harmless the animal shetter, animal welfare group or humane society that may have scheduled the surgery. If urther agree to hold harmless the animal shetter, animal welfare group or my animals society that may have scheduled the surgery. I further agree to hold harmless the animal shetter, animal welfare group or humane society that may have scheduled the surger								
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Primary Phone	Street Address				City			
If the animals listed below are up to date on vaccinations, please bring proof of current vaccinations at the time of your appointment; if these animals are not up to date on vaccinations appropriate vaccinations will be given at our clinic and you will be charged accordingly Animal 1 Name Dog/Cat Male/Female Age Breed Color	State	zate Zip			Email Address			
Animal I Name Dog/Cat Male/Female Age Breed Color	Primary Phone				Alternate Phone	<u> </u>		
SERVICES REQUIRED (please circle services/ products needed) *Spay/Neuter Rabies Vaccine Distemper Vaccine Bordetella Vaccine(Dogs) Ear Tip(feral Cats) *E Collar Microchip Nail Trim Take Home Pain Meds Flea/Tick Control (Preference) *FelV/FIV Test Heartworm Test HLE Combo Test Heartworm Preventative Other *Health Questions: Medical conditions or medication? Yes/No Has your pet ever seen a veterinarian? Yes/No Is this animal current on vaccinations? Yes/No Is this animal current on vaccinations? Yes/No **Authorization for Surgery: I, the undersigned, acting as the owner/guardian of the animal(s) named on this form, have read and understood this entire form and authorize the Animal Welfare Association ("AWA") to anesthetize, surgically sterilize (spay or castrate) and provide other related medical care to my animal(s), including pain management and a tattoo in the form of a single %" green line near your pet(s)' surgical incision, or in the case of male cat(s)', on their belly. I certify that to the best of my knowledge my animal(s) is/are in good health and has/have not eaten during the directed pre-operative period of time. I understand that there are inherent risks associated with anesthesia and surgery including, but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic drug reactions, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. I understand that the AWA will not perform any pre-operative blood or diagnostic tests. I understand that my animal(s) will be examined and evaluated as a surgical candidate by a veterinarian prior to surgery and will be externally monitored during their surgical procedure. Fractious animals may not be examined. I will hold harmless the AWA, its veterinarians, technicians, officers, directors, volunteers and agents for any problems experienced by my animal(s) as a result of anesthesia and surgery. I further agree to hold harmless the animal shelter, animal welfare group or humane society that may ha								
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FelV/FIV Test Heartworm Test HLE Combo Test Heartworm PreventativeOther	SERVICES REQUIRED (ple	ase circl	le services/ pro	oducts needed)		L	Weight	
Health Questions: Medical conditions or medication? Yes/No If yes, please describe: Has your pet ever seen a veterinarian? Yes/No If yes, name of vet: Is this animal current on vaccinations? Yes/No If yes, name of vet: Statis animal current on vaccinations? Yes/No Authorization for Surgery: I, the undersigned, acting as the owner/guardian of the animal(s) named on this form, have read and understood this entire form and authorize the Animal Welfare Association ("AWA") to anesthetize, surgically sterilize (spay or castrate) and provide other related medical care to my animal(s), including pain management and a tattoo in the form of a single ½" green line near your pet(s)' surgical incision, or in the case of male cat(s)', on their belly. I certify that to the best of my knowledge my animal(s) is/are in good health and has/have not eaten during the directed pre-operative period of time. I understand that there are inherent risks associated with anesthesia and surgery including, but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. I understand that the AWA will not perform any pre-operative blood or diagnostic tests. I understand that my animal(s) will be examined evaluated as a surgical candidate by a veterinarian prior to surgery and will be externally monitored during their surgical procedure. Fracticus or Aggressive animals may not be examined. I will hold harmless the AWA, its veterinarians, technicians, officers, directors, volunteers and agents for any problems experienced by my animal(s) as a result of anesthesia and surgery. I further agree to hold harmless the animal shelter, animal welfare group or humane society that may have scheduled the surgery. If during the course of surgery a condition is discovered or occurs that requires immediate treatment, the attending veterinarian may, in his/her absolute discretion, proceed with any and all procedures necessary. I consent to these procedures and agree to pay fo	*Spay/Neuter Rabies	Vaccine	e Diste	emper Vaccine	Bordetel	la Vaccine(Dogs)	Ear Tip(feral Cats)	
Health Questions: Medical conditions or medication? Yes/No If yes, please describe:	E Collar Microchip	Na	ail Trim	Take Home Pa	in Meds	Flea/Tick Control	(Preference)	
Medical conditions or medication? Yes/No If yes, please describe: If yes, name of vet: Is this animal current on vaccinations? Yes/No Authorization for Surgery: I, the undersigned, acting as the owner/guardian of the animal(s) named on this form, have read and understood this entire form and authorize the Animal Welfare Association ("AWA") to anesthetize, surgically sterilize (spay or castrate) and provide other related medical care to my animal(s), including pain management and a tattoo in the form of a single %" green line near your pet(s)' surgical incision, or in the case of male cat(s)', on their belly. I certify that to the best of my knowledge my animal(s) is/are in good health and has/have not eaten during the directed pre-operative period of time. I understand that there are inherent risks associated with anesthesia and surgery including, but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. I understand that the AWA will not perform any pre-operative blood or diagnostic tests. I understand that my animal(s) will be examined and evaluated as a surgical candidate by a veterinarian prior to surgery and will be externally monitored during their surgical procedure. Fractious or Aggressive animals may not be examined. I will hold harmless the AWA, its veterinarians, technicians, officers, directors, volunteers and agents for any problems experienced by my animal(s) as a result of anesthesia and surgery. I further agree to hold harmless the animal shelter, animal welfare group or humane society that may have scheduled the surgery. If during the course of surgery a condition is discovered or occurs that requires immediate treatment, the attending veterinarian may, in his/her absolute discretion, proceed with any and all procedures necessary. I consent to these procedures and agree to pay for these procedures. I agree that I will be financially responsible for any post-operative medical treatment relating to surgery o	FelV/FIV Test Heartwo	orm Test	t HLE (Combo Test	Heartworm I	Preventative	Other	
Signature:Date:	Authorization for S and understood this e or castrate) and prov single ¼" green line no knowledge my anima understand that ther operative bleeding, an	urgery: entire foide othe ear your al(s) is/a e are inl	I, the undersi rm and autho r related med pet(s)' surgica re in good he	res/No signed, acting as rize the Animal si lical care to my al incision, or in	the owner/guar Welfare Associa animal(s), inclu the case of male	Fill out other solution of the animal(s) tion ("AWA") to anest	ide for additional animals— named on this form, have read thetize, surgically sterilize (spay t and a tattoo in the form of a	
	procedure. Fractious of I will hold harmless experienced by my an welfare group or hum If during the course of may, in his/her absolution pay for these proceduring surgery or any other of the lawer been informed veterinarian or a technormal business hour operative complication.	m any paral cand or Aggrethe AW nimal(s) ane societ green, and the control of the	c drug reaction ore-operative idate by a vessive animals VA, its vetering as a result of ety that may by a condition is etion, proceed agree that I was medical probawa is not anothe building, aware that if have to seek to reserve to seek to reaction or the building.	ns, anesthetic he blood or diagn eterinarian prior may not be examarians, technic anesthesia and have scheduled to discovered or od with any and avill be financially blem of my animal 24-hour facility. I am aware that my animal need he services of a ville services o	enesthesia and eart complication ostic tests. I use to surgery and inined. Since the surgery. I furthe the surgery. Occurs that request procedures now all procedures now and if my are the taway's veterinary emergency oveterinary emergency of the surgery.	surgery including, but ns, allergic reactions a nderstand that my and d will be externally in directors, volunteers er agree to hold harm ires immediate treatm ecessary. I consent to or any post-operative arians are not always r additional veterinary gency hospital at my consent and its gency hospital at my consent always gency hospital at my consent and its propertions and surgery surgery hospital at my consent and propertions and surgery surgery hospital at my consent and propertions are not always gency hospital at my consent and propertions are not always propertions are not always prope	ore-operative period of time. It not limited to infection, post- and death. I understand that the animal(s) will be examined and anonitored during their surgical and agents for any problems aless the animal shelter, animal animal shelter, an	

Print Name _____

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Animal 2						
Name	Dog/Cat	Male/Female	Age	Breed	Color	
SERVICES REQUIRED (please chec	ck services/ pr	oducts needed)	l.		Weight	
*Spay/Neuter Rabies Vaccine	e Diste	emper Vaccine	Bordetel	la Vaccine(Dogs)	Ear Tip(feral Cats)	
E Collar Microchip Na	ail Trim	Take Home Pai	n Meds	Flea/Tick Control (Preference)	
FelV/FIV Test Heartworm Test	t HLE	Combo Test	Heartworm I	Preventative	Other	
Health Questions: Medical conditions or medication? Yes/No If yes, please describe: Has your pet ever seen a veterinarian? Yes/No If yes, name of vet: Is this animal current on vaccinations? Yes/No						
Animal 3 Name	Dog/Cat	Male/Female	Age	Breed	Color	
			Age	Breed		
SERVICES REQUIRED (please chec	ck services/ pr	oducts needed)			Weight	
*Spay/Neuter Rabies Vaccine	e Diste	emper Vaccine	Bordetell	a Vaccine(Dogs)	Ear Tip(feral Cats)	
E Collar Microchip Na	ail Trim	Take Home Pai	n Meds	Flea/Tick Control (Preference)	
FelV/FIV Test Heartworm Test HLE Combo Test Heartworm Preventative Other						
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Animal 4 Name	Dog/Cat	Male/Female	Age	Breed	Color	
			1.50	21000		
*Spay/Neuter Rabies Vaccine		emper Vaccine	Bordetel	la Vaccine(Dogs)	Weight Ear Tip(feral Cats)	
E Collar Microchip Nail Trim Take Home Pain Meds Flea/Tick Control (Preference)						
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Health Questions: Medical conditions or medication? Has your pet ever seen a veterinarian Is this animal current on vaccination.	1? Ye	es/No es/No es/No				