

# Spay/Neuter Registration

Owner's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Ms. Mrs. Mr.  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Please note the emergency phone number where we can reach you today to speak with you about your pet, as necessary, while it is in our care.** \_\_\_\_\_

## Pet Health History

Name of Pet \_\_\_\_\_  Dog  Cat  Male  Female  
Breed \_\_\_\_\_ Color(s) \_\_\_\_\_ Pet's Age/Birthdate \_\_\_\_\_  
Vaccination History (date and type of last vaccines): \_\_\_\_\_  
Is your pet on heartworm preventative? Yes  No  Brand name of preventative \_\_\_\_\_  
List any health issues your animal has had in the past week \_\_\_\_\_

Please check all services you need in addition to the spay/neuter surgery. Note the cost of each vaccine and test.

**(Are you a member of the SPCA of Central Florida? Important for discounts to apply. Ask staff for info)** Yes  No

### Dogs

\_\_\_\_ Male Dog Neuter  
\_\_\_\_ Female Dog Spay  
\_\_\_\_ Surgical Pain Injection \$10  
\_\_\_\_ Rabies \$13  
\_\_\_\_ DHLPP-CV(Distemper) \$22.  
\_\_\_\_ Bordetella \$17  
\_\_\_\_ Blood Parasite Test \$35  
\_\_\_\_ De-worming \$12 - \$27  
\_\_\_\_ Other \_\_\_\_\_

### Cats

\_\_\_\_ Male Cat Neuter  
\_\_\_\_ Female Cat Spay  
\_\_\_\_ Surgical Pain Injection \$10  
\_\_\_\_ Rabies \$13  
\_\_\_\_ FVRCP-C (Distemper) \$22  
\_\_\_\_ Feline Leukemia \$28  
\_\_\_\_ Feline Leukemia / AIDS Test \$25  
\_\_\_\_ De-worming \$12 - \$27  
\_\_\_\_ Other \_\_\_\_\_

### Recommended Services

\_\_\_\_ E-Collar \$10  
\_\_\_\_ Flea Prevention \$38-\$94  
\_\_\_\_ Heartworm Prevention \$26-\$75  
\_\_\_\_ Microchip \$30  
\_\_\_\_ Oral Post Surgical Pain Medication ( TakeHome ) \$10-\$20

Do you want pre-anesthesia blood work for your pet? (Additional cost \$37.50 - \$67.50) Yes  No

**1) There will be additional charges for pain medication package, e-collar (may be needed to prevent pet from biting at surgical site following surgery), and for complications including, but not limited to, obesity, hernia repairs, undescended testicles, animals in heat or pregnant, and tooth extractions.**

**2) Proof of recent testing for heartworms (dogs) and feline leukemia/aids (cats) is required before surgery.**

**3) County Code requires that any animal without proof of rabies vaccination must receive a rabies vaccination.**

\_\_\_\_\_  
Please initial you understand the above.

## Consent and Waiver Agreement

I hereby declare, under penalty of perjury, that I am the owner of, or I am authorized to present, the above named animal(s) for services listed. I understand that the administration of anesthesia and surgery presents a risk to any animal, however, may be greater to older animals and a complete examination by a veterinarian is recommended prior to surgery. I request the SPCA of Central Florida (SPCA) to perform the listed services on my animal(s). I agree to indemnify and hold harmless the SPCA, its elected officials and employees, in the event of illness, injury or death to my animal(s) arising out of the listed services provided incidental hereto. The SPCA is not responsible for any injury or loss due to the transportation of animals to or from the SPCA facility or on the immediate premises. I give my permission to perform other services which are an immediate, medical necessity and accept full responsibility for added costs. I understand that I will be required to pay all boarding fees for leaving my animal(s) beyond the scheduled pick up date and time and that if I do not pick up my animal(s) within ten (10) days of the scheduled pick up date, it will be deemed to be abandoned and the SPCA may dispose of said animal(s) by adoption or euthanization. I understand my pet must be healthy the day of surgery. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS (THESE) ANIMAL(S). I UNDERSTAND A SURGERY DEPOSIT WILL BE REQUIRED AND ALL OTHER CHARGES WILL BE PAID AT THE TIME OF RELEASE.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

# Second Pet Health History

Name of Pet \_\_\_\_\_ Dog Cat Male Female  
Breed \_\_\_\_\_ Color(s) \_\_\_\_\_ Pet's Age/Birthdate \_\_\_\_\_

Vaccination History (date and type of last vaccines): \_\_\_\_\_

Is your pet on heartworm preventative? Yes  No  Brand name of preventative \_\_\_\_\_

List any health issues your animal has had in the past week \_\_\_\_\_

Please check all services you need in addition to the spay/neuter surgery. Note the cost of each vaccine and test.

- |   |   |  |
|---|---|--|
| <b><u>Dogs</u></b>                                    | <b><u>Cats</u></b>  | <b><u>Recommended Services</u></b>   |
| <input type="checkbox"/> Male Dog Neuter              | <input type="checkbox"/> Male Cat Neuter                  | <input type="checkbox"/> E-Collar \$10   |
| <input type="checkbox"/> Female Dog Spay              | <input type="checkbox"/> Female Cat Spay                  | <input type="checkbox"/> Flea Prevention \$38-\$94                                 |
| <input type="checkbox"/> Surgical Pain Injection \$10 | <input type="checkbox"/> Surgical Pain Injection \$10     | <input type="checkbox"/> Heartworm Prevention \$26-\$75                            |
| <input type="checkbox"/> Rabies \$13                  | <input type="checkbox"/> Rabies \$13                      | <input type="checkbox"/> Microchip \$30  |
| <input type="checkbox"/> DHLPP-CV (Distemper) \$22.   | <input type="checkbox"/> FVRCP-C (Distemper) \$22         | <input type="checkbox"/> Oral Post Surgical Pain Medication ( TakeHome ) \$10-\$20 |
| <input type="checkbox"/> Bordetella \$17              | <input type="checkbox"/> Feline Leukemia \$28             |  |
| <input type="checkbox"/> Blood Parasite Test \$35     | <input type="checkbox"/> Feline Leukemia / AIDS Test \$25 |  |
| <input type="checkbox"/> De-worming \$12 - \$27       | <input type="checkbox"/> De-worming \$12 - \$27           |  |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____                      |  |

Do you want pre-anesthesia blood work for your pet? (Additional cost \$37.50 - \$67.50) Yes  No

# Third Pet Health History

Name of Pet \_\_\_\_\_ Dog Cat Male Female  
Breed \_\_\_\_\_ Color(s) \_\_\_\_\_ Pet's Age/Birthdate \_\_\_\_\_

Vaccination History (date and type of last vaccines): \_\_\_\_\_

Is your pet on heartworm preventative? Yes  No  Brand name of preventative \_\_\_\_\_

List any health issues your animal has had in the past week \_\_\_\_\_

Please check all services you need in addition to the spay/neuter surgery. Note the cost of each vaccine and test.

- |   |   |  |
|---|---|--|
| <b><u>Dogs</u></b>                                    | <b><u>Cats</u></b>  | <b><u>Recommended Services</u></b>   |
| <input type="checkbox"/> Male Dog Neuter              | <input type="checkbox"/> Male Cat Neuter                  | <input type="checkbox"/> E-Collar \$10   |
| <input type="checkbox"/> Female Dog Spay              | <input type="checkbox"/> Female Cat Spay                  | <input type="checkbox"/> Flea Prevention \$38-\$94                               |
| <input type="checkbox"/> Surgical Pain Injection \$10 | <input type="checkbox"/> Surgical Pain Injection \$10     | <input type="checkbox"/> Heartworm Prevention \$26-\$75                          |
| <input type="checkbox"/> Rabies \$13                  | <input type="checkbox"/> Rabies \$13                      | <input type="checkbox"/> Microchip \$30  |
| <input type="checkbox"/> DHLPP-CV (Distemper) \$22.   | <input type="checkbox"/> FVRCP-C (Distemper) \$22         | <input type="checkbox"/> Oral Post Surgical Pain Medication (TakeHome) \$10-\$20 |
| <input type="checkbox"/> Bordetella \$17              | <input type="checkbox"/> Feline Leukemia \$28             |  |
| <input type="checkbox"/> Blood Parasite Test \$35     | <input type="checkbox"/> Feline Leukemia / AIDS Test \$25 |  |
| <input type="checkbox"/> De-worming \$12 - \$27       | <input type="checkbox"/> De-worming \$12 - \$27           |  |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____                      |  |

Do you want pre-anesthesia blood work for your pet? (Additional cost \$37.50 - \$67.50) Yes  No

