Passaic County Spay / Neuter Coalition
1360 Clifton Ave, #348
Clifton, New Jersey 07012
973-454-1625

APPLICATION AND CONSENT FOR STERILIZATION OF PETS

FOR OFFICE USE ONLY
TWO FORMS OF ID:

This is a consent form for sterilization of your pet. Any falsification of information on this or related documents may be punishable by fines under the penalty enforcement law.

PART I - CLIENT / PET INFORMATION

1. Name of Pet Owner (Last, First, MI)	2.Home telephone	3. Work telephone Cell Phone

4. Street Address City County State Zip Code

5. Ownership (circle one)

1 Owner 2 Proxy(Authorized representative for the owner)-NAME:

6. From What Source Was Pet Obtained?

1 Pet Store 2 Shelter/Rescue Org. 3 Kennel/Private Breeder 4 Friend/Relative 5 Other

7. Has your pet been to your regular veterinarian within the past year? YES / NO If no, please explain:

Is your pet current on vaccinations? YES / NO Is your cat declawed YES / NO

Has your cat/dog been FELV/FIV or Heartworm Tested: YES / NO If yes, was your pet: NEGATIVE / POSITIVE
Is your pet on Heartworm protection Medication? YES / NO Is your pet protected against fleas & ticks? YES / NO

Has your pet bitten or been bitten within the past 30 days: YES / NO
What veterinarian or animal hospital do you use?
Is your pet on Heartworm Prevention Medication? YES / NO Is your pet protected against fleas & ticks? YES / NO

Is your pet currently on any medication? YES / NO If yes, please advise:

8. Type of Pet (CIRCLE ONE)

Male Dog Female Dog Male Cat Female Cat

9. Is Pet Licensed? YES / NO If yes, License Number:

10. Name of Pet	11. Breed	12. Age	13. Color/Markings:

I, being of legal age and responsible for the animal described above have the authority to grant the Passaic County Mobile Spay/Neuter staff members, volunteers or agents, my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals and reasonable precautions will be used against injury, escape or death of the animal. It is thoroughly understood that the Passaic County Mobile Spay/Neuter Coalition, its staff, volunteers and agents will not be held liable or responsible in any manner and I assume all risks.

I understand that if the veterinarian deems the animal to have a flea and/or tick infestation the animal will be treated for same and I agree to pay any extra costs or charges.

Testing cats for FELV/FIV will be based upon advance requests and at an additional cost.

CARETAKERS OF COLONIES: When testing is requested by a colony caretaker, and the test is positive, the individual must agree that they will continue to care for and monitor the health of the animal or must have an alternative plan for the cats care and protection from health deterioration.

It is understood and agreed that the only time an animal will be euthanized is upon a team decision that includes the veterinarian, veterinarian support personnel and the owner or colony caretaker. The team shall take into consideration but not limited to (a)a positive test; (b) Visible signs of serious or fatal illness; (c)Colony caretaker's ability to care for and monitor the animals health; (d) the existence of alternative resources for the animal.

If in the course of treatment a condition is discovered which requires immediate medical attention or an additional procedure, such as hernia repair, administration of IV Fluids, or any other procedure not outlined in simple spay/neuter, the attending veterinarian may, in their absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable charges, if any.

I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I also understand that all animals must be picked up from the mobile clinic at the time designated by staff on the same day of surgery. If I do not claim my animal, I understand that the animal will be considered abandoned and the animal will be claimed in accordance with policies established by State Law. I further understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses. Abandoning an animal is against the New Jersey State Animal Cruelty Laws and I understand that if I abandoned my animal I will be subjected to all laws that may apply and liable for all court costs incurred as a result of abandoning my animal.

Signature of Pet Owner or Authorized Representative	Date

PART II - VETERINARIAN INFORMATION

14. Name of N. J. Licensed Veterinarian (Last, First, MI)

15. Name of Business/Hospital	15. Business Telephone Number
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