

*I have read and understand that there may be additional charges at the vets office.

Signature

Bartow Animal Clinic
1515 US Hwy 17 S
Bartow, FL 33830
533-2424

Date

Humane Society Voucher for Spay/Neuter Program

1. Hold your pet off food and water after 12:00am the night prior to surgery.
2. Please bathe and de-flea your pet prior to surgery. If your pet is infested with fleas, it will be treated with a topical flea control at an additional charge.
3. Your pet must be at the clinic no later than 9:30am the day of surgery.
4. If your male pet has only one descended testicle, there will be an additional charge.
5. If you female pet is in heat or pregnant, there will be an additional charge.
6. Dogs weighing over 50 pounds are ineligible for the spay program.
7. If your female pet is visibly pregnant, the surgery WILL NOT be performed.
8. If your pet has not been vaccinated at our clinic, you must bring proof of current rabies and distemper vaccinations administered by a licensed veterinarian.
9. Your pet MUST be picked up by 4:30pm or you will be assessed boarding fees.

Please fill out and sign the following consent form

Owner's name: _____ Pet's name: _____

Address: _____ Dog: _____ Cat: _____

_____ Male: _____ Female: _____

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure or operation:

Male neuter: _____ **Female spay:** _____ **Other(specify)** _____

I understand that during the performance of the foregoing procedure or operation, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorized the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

Date: _____ Owner or owner's agent's signature _____

Witness: _____

* I have read and understand that there may be additional charges at the vets office.

Signature

Date

DUNHAM ANIMAL HOSPITAL

Canines:

1. All dogs must have proof of vaccinations - RV and DHPP within one year of surgery date or they will receive them the day of surgery at the owners expense.
2. No dog over 100 pounds will be accepted.
3. Any dog in heat or pregnant will be charged an additional \$30.
4. Any dog over 60 pounds will be charged an additional \$30.
5. All dogs will be required to get pain medication at an additional charge.
6. Any male dog without both testicles showing (cryptorchid) will be charged an additional \$30.

Felines:

1. All cats must have proof of vaccinations - RV and FVRCP within one year of surgery date or they will receive them the day of surgery at the owners expense.
2. Any cat that is pregnant or in heat will be charged an additional fee of \$30.
3. All female cats will be required to get pain medication at an additional charge.

PLEASE NOTE: After purchasing a voucher you must bring it in to Dunham Animal Hospital and make your appointment. If you do not show up for your scheduled appointment you will forfeit that voucher and must reschedule with a new voucher.

Dunham Animal Hospital has the right to refuse surgery for any animal in poor health or deemed unfit for a surgical procedure.



I have read and understand there may be additional charges at this veterinarian's office for the Humane Society's Spay/Neuter Program.

Signature_____Date_____

1. Office hours are 8:00am-5pm, Monday – Friday.
2. You must come into the clinic with your voucher to schedule a spay/neuter.
3. If your pet has not been vaccinated at our clinic, you must bring proof of current vaccines administered by a licensed veterinarian.
4. Please bathe and de-flea your pet prior to surgery. If your animal is infested with fleas, it will be treated at an additional charge of \$15.00*.
5. No food or water after 12:00am the night prior to surgery.
6. Drop off is between 8:00-9:00am the day of surgery. Pick up is between 4:00-5:00pm.
7. Pre-op blood work is *highly recommended* for all ages and is mandatory for pets 7 years and older. There is an additional charge of \$61* for this service. It may be declined for pets younger than 7 years.
8. IV fluids are recommended for all surgical procedures. There is an additional cost of \$18*. This service may be declined.
9. Pain medication and antibiotics are prescribed at an additional charge.
10. Your pet will also receive a collar (to prevent keep them from licking the surgical site). Cost is \$7-\$15* depending on size.
11. If your male pet has one descended testicle, there will be an additional charge of \$50*.
12. If your female pet is in heat or pregnant, there will be an additional charge of \$50*.
13. If your dog weighs 80-99 pounds, there will be an additional charge of \$50.00*. If the dog weighs over \$100 pounds, there will be an additional charge of \$100.00*.
14. If you do not pick up your pet by 5:00, you will be assessed a boarding fee.

*Prices subject to change depending on suppliers.

Last updated 9/19/2013

105 East Alfred Street

Lake Alfred, FL 33850

863-956-5700

www.LakeAlfredAnimalHospital.com

Privileged Critters Animal Hospital, Inc
Owner: Brenda Cross
Veterinarian on staff: Dr. Rachel Bouton, DVM
1004 W. Main St
Lakeland, FL 33815

863-816-5815

Privileged Critters is pleased to accept the Humane Society of Polk County Vouchers for spays/neuters. Please read the following information and pre-surgical instructions:

- 1) Remove all food and water at or before midnight the night before surgery.
- 2) If you wish to update vaccines when in for surgery, there is a \$12 charge for each vaccine. A yearly heartworm test with surgery is \$20. You may purchase one flea and/or heartworm product for half price.
- 3) Your pet will be ready to go home by 4:40pm unless you received a call from us. You may call at 1:30pm to see if your pet can go home early. If you cannot make it to drop off between 8:30-9:00am, you may drop off the night before surgery for one free night boarding. Be advised that no one is at the clinic at night, but your pet will be held in a very safe, stainless steel cage.
- 4) Dogs over 26# will be charged additional fees (\$25 per 25#)
- 5) An IV Catheter is required for the safety of your pet (\$15). You may opt to have your pet receive fluids during surgery for an additional \$15. If your pet has an emergency or is in distress during surgery, fluids WILL be administered for an additional \$15 charge per liter (one liter minimum charge).
- 6) If your pet is over 6 years old, minimal pre-surgical bloodwork is required (\$60). If your pet is under 6 years old, bloodwork is highly suggested for the safety of your pet, but this service is optional.
- 7) Take home pain medication is required for the post-operative comfort of your pet. (\$10-\$20)
- 8) If your pet is pregnant or "in heat", there will be additional charges. For cats, the charge is \$25. For dogs, the charge depends upon the size of the pet and ranges from \$40 to \$75.
- 9) If your pet comes into heat after you make an appointment or you need to re-schedule, please call to cancel at least 48 hours in advance to avoid the additional fees. You will be given a confirmation code by the receptionist for your cancellation.

A pre-surgical exam is included in your procedure at no additional charge and this exam is good for a year to purchase flea medications. During surgery, an injection for pain and an injectable antibiotic is also included.

We have a friendly, economical, clinic with an awesome Veterinarian (Dr. Rachel Bouton, DVM). Please visit us on our Facebook Page or on our website (www.privilegedcritters.com) for monthly specials. If you have any questions before or after surgery, please contact us immediately.

- I have read and understand that there may be additional charges that may apply as stated above.

Signature of Owner

Printed Name

Date

* I have read and understand that there may be additional charges at Ridge Veterinary Hospital.

Signature

Date

PLEASE NOTE: After purchasing a voucher you must bring it to Ridge Veterinary Hospital to make your appointment. If you do not show up for your appointment or do not give 24 hour notice that you are unable to make that appointment you will forfeit that voucher and must reschedule with a new voucher. You may only reschedule once.

Ridge Veterinary Hospital
4517 Macey Lane
Lake Wales, FL 33859
863-676-8240

Office hours: 8:00am to 5:00pm

Humane Society Voucher for Spay/Neuter Program

1. Hold your pet off food and water by midnight before the surgery.
2. Please bathe and de-flea your pet prior to surgery. If your pet is infested with fleas, it will be treated with a topical flea control at an additional charge of \$25.00.
3. Your pet must be at the clinic no later than 9:30am the day of surgery.
4. If your male pet has only one descended testicle, there will be an additional \$85.00 charge.
5. If your cat is in heat or pregnant, there will be an additional \$85.00 charge. If your dog is in heat or pregnant the fees are as follows, 0-35pounds \$85, 36-50 pounds \$95, **WE DO NOT DO SPAYS OVER 50 POUNDS.**
6. If your female pet is visibly pregnant, the surgery **WILL NOT** be performed.
7. If your pet has not been vaccinated at our clinic, you must bring proof of current rabies and distemper vaccinations administered by a licensed veterinarian or they will be administered at owners expense.
8. Your pet **MUST** be picked up by 4:30pm or you will be assessed boarding fees of \$15.00.
9. All canine neuters 50# to 75# will be an extra charge of \$50, 76 to 100# extra \$75 & over 100# extra \$100.

Please fill out and sign the following consent form

Owner's name: _____ Pet's name: _____

Address: _____ Dog: _____ Cat: _____

_____ Male: _____ Female: _____

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure or operation:

Male neuter: _____ **Female spay:** _____ **Other(specify)** _____

I understand that during the performance of the foregoing procedure or operation, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have read and understand this authorization and consent.

Date: _____ Owner or owner's agent's signature _____

Witness: _____

The patient receives an antibiotic injection prior to surgery. It is highly recommended that the client purchase antibiotics for the patient post surgery at the cost of \$25.00. Some patients may also need medication at the cost of \$25.00.



I have read and understand there may be additional charges at this veterinarian's office for the Humane Society Spay/Neuter Voucher Program.

Signature: _____ Date: _____

Printed Name: _____

1. After purchasing a voucher, call TLC PetSnip (863-868-7647) to set up your appointment. Bring voucher with you at the time of the appointment. If you do not show up for your appointment or give 24 hours notice that you are unable to make the appointment you will forfeit that voucher and must reschedule with a new voucher.
2. TLC PetSnip has the right to refuse surgery for any animal in poor health or deemed unfit for a surgical procedure.
3. Pre-op bloodwork is mandatory for dogs and cats age 7 and older. There is an additional charge of \$50 for this service.
4. No food after Midnight the night prior to surgery but please make sure your animal has water.
5. Please bathe your pet prior to surgery. If your pet is infested with fleas, there will be an additional charge of \$7 for flea treatment.
6. If your pet has not been vaccinated at our clinic, you must bring proof of current Rabies vaccine administered by a licensed Veterinarian or the Rabies vaccine will be administered day of surgery for an additional charge of \$7.
7. There is No additional charge for female animals that are in Heat or Pregnant.
8. Microchips are available for \$18 including registration.

CANINE

Your dog must be dropped off between 7:30 a.m. and 8:00 a.m. the morning of surgery. Pick up time is from 4 to 4:30.

Pre-Surgical exam and pain Medication is included in voucher program.

E-collars are highly recommended and are available for \$5

FELINE

Your cat must be dropped off by 8:00 a.m. the morning of surgery. Pick up time is 5:00 p.m.

Cats must be transported in a carrier or we will provide a cardboard carrier for an additional fee of \$5.

Pre-Surgical exam and pain Medication is included in voucher program.

TLC PetSnip Spay Neuter Clinic * 1702 East Gary Road, Lakeland, FL 33801 * (863) 868-7647
www.tlcpetsnip.org