

SPAY/NEUTER VOUCHER

P.O. BOX 1437, WAYNESBORO, GA 30830 / WWW.OLDFELLA.ORG



I hereby consent and authorize _____ to receive, prescribe for, treat and operate upon:

PART 1A: PET INFORMATION

<input type="checkbox"/> CAT	<input type="checkbox"/> DOG		<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> MAMMA DOG*
Species	Pet's Name	Color / Breed	Sex	Age		<input type="checkbox"/> NEEDS RABIES SHOT

*Old Fella has taken in her puppies on the condition she be spayed.

PART 1B: PET OWNER INFORMATION

Name (Last, First)		Street Address	City	State	Zip
Phone (Home)		Phone (Work or Cell)	Email		

The above described pet lives at my home address and I attest that the above information is true and correct to the best of my knowledge. I agree that a representative of Old Fella may contact me to schedule a time to visit, and so visit, my home to verify this animal.

I understand my pet may have a pre-existing health condition, which may not be apparent at the time of surgery and could increase anesthetic and post-surgical recovery risk. I also understand that preoperative lab work such as CBC, BMP, EKG, etc. will not be performed before surgery and am agreeable with this. I also understand that if my pet is pregnant, she will still be spayed. I hereby consent to the pre-surgical rabies immunization, if required, and spay/neuter of the pet described above.

I understand the members and volunteers of Old Fella and the veterinarian performing surgery will take all reasonable precautions against injury, escape, or other destruction of the animal(s). I hereby agree the members, volunteers and employees of Old Fella and the veterinarian facility performing surgery will not be held liable or responsible in any manner whatsoever on account of the care, treatment, transport or safekeeping of the animal(s) described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

I agree to participate in this program, assume all risks and voluntarily agree to this waiver of liability. ***I have read the above and agree to all terms and conditions.***

*****(REQUIRED)** _____ **DATE** _____ ***

SIGNATURE OF PET OWNER

PART 2—VETERINARIAN INFORMATION, TO BE COMPLETED BY CLINIC

HOSPITAL/CLINIC NAME:	DATE OF SURGERY:
<input type="checkbox"/> Rabies vaccine administered If No: <input type="checkbox"/> Refused <input type="checkbox"/> Too Young <input type="checkbox"/> Not Needed	<input type="checkbox"/> DHLPP/FVRCP administered <input type="checkbox"/> Feline Leuk/FIV Test: POS NEG <input type="checkbox"/> Heartworm Test: POS NEG <input type="checkbox"/> De-worming <input type="checkbox"/> Heartworm Preventative

I HEREBY ATTEST THAT SPAY/NEUTERING /IMMUNIZATION OF THIS ANIMAL WAS CARRIED OUT AS RECORDED ABOVE.

SIGNATURE OF VETERINARIAN PERFORMING SURGERY: _____ **DATE:** _____

Letter of Approval:	Telephone Confirmation:	Rabies Vaccination Tag #
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