

Madison-Greene Humane Society
PO Box 95
Ruckersville, VA 22968
434/985-3203

**REQUEST FOR SPAY/NEUTER ASSISTANCE and
CONSENT TO PERFORM SURGERY (DOG)**

Client Information:

Name of Animal Owner: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Phone: Home _____ Work _____ Cell _____

Animal:

Species: Dog Name: _____ Sex: M F Breed: _____

Color _____ Age of Animal: _____

I acting as owner of the animal named above, hereby request and authorize MGHS through whomever veterinarians and assistants they may designate to perform an operation for sexual sterilization of the animal describe on the above portion of this form and perform the following:

I understand that the operation presents some hazards and that injury to or death of such animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs used in providing this service.

I understand that if I don't retrieve my animal at the agreed upon time that MGHS will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of Virginia under S. 3.2-796.75. Owners of pets left after the agreed date and time shall be charged a boarding fee of no less than \$20.00. There will be a \$5.00 charge per animal to reissue certificates/clinic care sheets.

I hereby release MGHS, the veterinarians, assistants, and all of its officers, directors, employees and members of its staff from any and all claims arising out of or connected with the performance of this operation or procedure. I agree that I have not or will not claim any right of compensation from any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

DOG:

____ DALPP (Canine Distemper) Vaccine \$10.00 _____ No show rescheduling fee \$10.00

____ Canine Spay (less than 35 lbs-\$65.00, 35 to 60 lbs. \$70.00)

____ Canine Neuter (less than 35 lbs. \$60.00, 35 to 60 lbs. \$65.00)

____ Rabies Vaccine \$10.00

____ Heartworm Test \$12.00. Call me if positive before doing surgery ____

____ Frontline Application \$10.00

AMOUNT DUE _____

PAYMENT RECEIVED/DATE _____

I, understand the following fees may be added and will be payable at the time of the return of the animal:

____ Cryptorchid \$15.00

____ Pet in Heat \$10.00

____ Umbilical Hernia Repair \$15.00

____ Pregnant Pet \$10.00

ADDITIONAL AMOUNT DUE _____

PAYMENT RECEIVED _____

SIGNATURE: _____ DATE: _____