

Animal Welfare Association
509 Centennial Boulevard
Voorhees, NJ 08043

Last Name:	First Name:
Address:	
City:	State: Zip:
Phone:	Alt Phone:
Email:	Date:

Please list each animal on a separate line

Dog / Cat	Male / Female	Age	Breed	Colors	Name	Weight
1)						
2)						
3)						
4)						
5)						

Please check additional services or products desired

	Vaccinations are required for surgery. If your pet is currently vaccinated bring vaccination records with you at the time of your appointment. If not, vaccinations will be given and you will be charged accordingly.				
	Heartworm Test		Nail Trim		
	FeLV Test or FeLV/FIV Test		Flea/Tick Control		
	Microchip		Heartworm Preventative		
	\$3 Donation to the Lucky Fund providing veterinary services for shelter animals				

Yes / No	Has your pet seen a veterinarian? Name of veterinarian:
Yes / No	Does your pet have any known medical problems? If "Yes", please describe:

Authorization for Surgery:

I, the undersigned, acting as the owner/guardian of the above pet(s) have read and understood this entire page and authorize the Animal Welfare Association ("AWA") to anesthetize, surgically sterilize (spay or castration) and provide other related medical care to my animal(s). I understand that there are inherent risks associated with anesthesia and surgery including but not limited to infection, post-operative bleeding, anesthetic drug reactions, anesthetic heart complications, allergic reactions and death. I understand that my pet(s) will not be examined by a veterinarian prior to surgery and that the AWA will not perform any preoperative blood or diagnostic tests. I understand that my pet(s) should be examined and evaluated as a surgical candidate by his or her regular veterinarian prior to surgery to decrease the risks associated with anesthesia and surgery.

I will hold harmless the AWA, its' veterinarians, technicians, officers, directors, volunteers and agents for any problems experienced by my animal as a result of anesthesia and surgery. I further agree to hold harmless the animal shelter, animal welfare group or humane society that may have scheduled the surgery.

If during the course of surgery a condition is discovered or occurs that requires immediate treatment, the attending veterinarian may, in his/her absolute discretion, proceed with any and all procedures necessary. I consent to these procedures and agree to pay for these procedures. I agree that I will be financially responsible for any post-operative medical treatment relating to surgery or any other unrelated medical problems of my pet(s).

I have been informed that the AWA is not a 24 hour facility and if my pet(s) needs to stay overnight there will not be a veterinarian or a technician in the building. I am aware that the AWA's veterinarians are not always present in the building during normal business hours. I am aware that if my pet(s) needs emergency or additional veterinary treatment related to a post-operative surgical complication I may have to seek the services of a veterinary emergency hospital at my own financial expense.

Signature:

Date: