

Office Use Only
Program: _____
ID: _____

Animal Welfare Association
 509 Centennial Blvd, Voorhees, NJ 08043
 856 424 2288 ext. 105

Date _____

Your Last Name		Your First Name	
Street Address		City	
State	Zip	Email Address	
Primary Phone		Alternate Phone	

If the animals listed below are up to date on vaccinations, please bring proof of current vaccinations at the time of your appointment; if these animals are not up to date on vaccinations appropriate vaccinations will be given at our clinic and you will be charged accordingly

Animal 1

Name	Dog/Cat	Male/Female	Age	Breed	Color
SERVICES REQUIRED (please circle services/ products needed)					Weight

- | | | | | |
|---------------|----------------|-------------------|-----------------------------|--------------------------------------|
| *Spay/Neuter | Rabies Vaccine | Distemper Vaccine | Bordetella Vaccine(Dogs) | Ear Tip(feral Cats) |
| E Collar | Microchip | Nail Trim | Take Home Pain Meds | Flea/Tick Control (Preference) _____ |
| FelV/FIV Test | Heartworm Test | HLE Combo Test | Heartworm Preventative_____ | Other_____ |

Health Questions:

Medical conditions or medication?	Yes/No	If yes, please describe: _____
Has your pet ever seen a veterinarian?	Yes/No	If yes, name of vet: _____
Is this animal current on vaccinations?	Yes/No	

Fill out other side for additional animals →

Authorization for Surgery: I, the undersigned, acting as the owner/guardian of the animal(s) named on this form, have read and understood this entire form and authorize the Animal Welfare Association (“AWA”) to anesthetize, surgically sterilize (spay or castrate) and provide other related medical care to my animal(s), including pain management and a tattoo in the form of a single ¼” green line near your pet(s)’ surgical incision, or in the case of male cat(s)’, on their belly. I certify that to the best of my knowledge my animal(s) is/are in good health and has/have not eaten during the directed pre-operative period of time. 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 the AWA will not perform any pre-operative blood or diagnostic tests. I understand that my animal(s) will be examined and evaluated as a surgical candidate by a veterinarian prior to surgery and will be externally monitored during their surgical procedure. **Fractious or Aggressive animals may not be examined.**

I will hold harmless the AWA, its veterinarians, technicians, officers, directors, volunteers and agents for any problems experienced by my animal(s) 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 problem of my animal(s).

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

*All animals spayed or neutered at our facility will receive a tattoo to indicate that they are sterilized.

Signature: _____ Date: _____

Print Name _____

Animal 2

Name	Dog/Cat	Male/Female	Age	Breed	Color
SERVICES REQUIRED (please check services/ products needed)					Weight

*Spay/Neuter Rabies Vaccine Distemper Vaccine Bordetella Vaccine(Dogs) Ear Tip(feral Cats)
 E Collar Microchip Nail Trim Take Home Pain Meds Flea/Tick Control (Preference) _____
 FeIV/FIV Test Heartworm Test HLE Combo Test Heartworm Preventative_____ Other_____

Health Questions:

Medical conditions or medication? Yes/No If yes, please describe: _____
 Has your pet ever seen a veterinarian? Yes/No If yes, name of vet: _____
 Is this animal current on vaccinations? Yes/No

Animal 3

Name	Dog/Cat	Male/Female	Age	Breed	Color
SERVICES REQUIRED (please check services/ products needed)					Weight

*Spay/Neuter Rabies Vaccine Distemper Vaccine Bordetella Vaccine(Dogs) Ear Tip(feral Cats)
 E Collar Microchip Nail Trim Take Home Pain Meds Flea/Tick Control (Preference) _____
 FeIV/FIV Test Heartworm Test HLE Combo Test Heartworm Preventative_____ Other_____

Health Questions:

Medical conditions or medication? Yes/No If yes, please describe: _____
 Has your pet ever seen a veterinarian? Yes/No If yes, name of vet: _____
 Is this animal current on vaccinations? Yes/No

Animal 4

Name	Dog/Cat	Male/Female	Age	Breed	Color
SERVICES REQUIRED (please check services/ products needed)					Weight

*Spay/Neuter Rabies Vaccine Distemper Vaccine Bordetella Vaccine(Dogs) Ear Tip(feral Cats)
 E Collar Microchip Nail Trim Take Home Pain Meds Flea/Tick Control (Preference) _____
 FeIV/FIV Test Heartworm Test HLE Combo Test Heartworm Preventative_____ Other_____

Health Questions:

Medical conditions or medication? Yes/No If yes, please describe: _____
 Has your pet ever seen a veterinarian? Yes/No If yes, name of vet: _____
 Is this animal current on vaccinations? Yes/No