

468 Shannon Rd W Suite 6-B
 Sulphur Springs, TX 75482
 903-439-2953

ANIMAL PROTECTION LEAGUE
 www.aplspayneuter.org
 (Mobile Unit – 903-440-4911)

1308 Pine Tree Rd
 Longview, TX 75604
 903-753-PETS (7387)

PLEASE PRINT CLEARLY

How did you hear about us (circle one)? Repeat Client Friend Radio Flyer Newspaper Other _____

Owner's Name: _____ **E-Mail Address:** _____

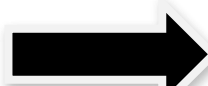
Owner Phone: _____ **EMERG#:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

PET NAME	DOG /CAT	BREED	COLOR	M/F	AGE	WAS PET A STRAY?

If you have concerns about your pet's health or ability to survive surgery, we suggest you take your pet to your local, full service veterinarian for blood work and a health evaluation

**** All dogs will wear an e-collar for at least 14 days. Animal Protection League will not be liable for incision repair/antibiotics due to lick damage. The e-collar will help prevent lick damage, but is not a guarantee.**

 The APL wants to share your furry friends with our friends online via Facebook. If time permits and we snap a photo of your pet, please initial here if you give us permission to share those photos online: _____

APL offers additional post op pain medication (3 day supply / \$15). Initial if you would like to take this home today _____

DOGS – Is your dog on heartworm prevention? YES NO If YES, what kind? _____

CATS – If the tech finds tapeworms (\$8) and/or earmites (\$5), do you want your pet treated? YES NO

DOG VACCINATIONS

Rabies - \$12.00
 Distemper/Parvo - \$18.00
 Bordetella - \$18.00
 Package (all 3) - \$35.00
 Lepto \$15
 Deluxe Package (all 4) - \$45

ADDITIONAL FOR DOGS

Basic Wormer - \$5.00
 Drontal Wormer - \$10-25/pill
 Heartworm Test - \$20.00
 Nail Trim - \$5.00

HEARTWORM PREVENTION

Triheart:	Single dose	6 pk
1-25 lbs	\$7	\$30
26-50 lbs	\$8	\$35
Over 50 lbs	\$9	\$45

Interceptor Plus:	Single ds	6 pk
2-8 pounds	\$9	\$41
8-25 pounds	\$9	\$41
25-50 pounds	\$10	\$51
50-100 pounds	\$12	\$62

ADDITIONAL FOR BOTH

Microchip - \$30.00*
 *Includes lifetime registration fee

CAT VACCINATIONS

Rabies - \$12.00
 Feline Distemper - \$18.00
 Feline Leukemia - \$20.00
 Package (all 3) - \$35.00

ADDITIONAL FOR CATS

Basic Wormer - \$5.00
 Profender Dewormer - \$18
 FIV / Leukemia Test - \$35.00
 Nail Trim - \$5.00
 Earmite Treatment - \$5.00

HEARTWORM & FLEA PREV.

Simparica Trio: Single dose	6 pk
2.8-5.5 lbs	\$25 \$140
5.6-11.0 lbs	\$26 \$143
11.1-22.0 lbs	\$27 \$147
22.1-44.0 lbs	\$28 \$153
44.1-88.0 lbs	\$29 \$157
88.1-132 lbs	\$30 \$160

FLEA PREVENTION – CATS

Revolution:	Bravecto(3mo)
1 dose \$25	1 dose \$53
6 pack \$125	

FLEA/TICK PREVENT-DOGS

BRAVECTO

1 MONTH	3 MONTH
4.4-9.9 lbs \$20 pill	4.4-9.9 lbs \$54
10-22 lbs \$21 pill	10-22 lbs \$55
22-44 lbs \$23 pill	22-44 lbs \$56
44-88 lbs \$24 pill	44-88 lbs \$57
***60.1-121.0 \$26 pill	88-123 lbs \$58

NEXGARD***

STERILIZATION AUTHORIZATION AND RELEASE

Please initial beside each paragraph then sign and date the bottom of the release form

_____ I understand that the surgery involves the use of anesthetics and drugs, and that injury to or death of such animal(s) may conceivably result from the surgery and accompanying procedures. I understand the risks involved with the surgery and agree that the attending veterinarian and his/her staff will not be held liable or responsible in any manner for any complications that may arise during the surgery or result from the surgery. If the animal dies as a result of the surgery, I further authorize the attending veterinarian to dispose of the remains in accordance with the requirement of law and the policy of this clinic. Animal Protection League's (APL) policy is to contact the owner.

_____ I understand and acknowledge that the following conditions may increase the likelihood of complications or death after surgery and I hereby assume full responsibility (financially and otherwise) for the consequences arising there from:
*dogs in heat *animals suffering from worms, leukemia or other diseases or injuries
*surgery performed during advanced stages of pregnancy *surgery performed on an animal that is increased in age

_____ I understand that the attending veterinarian has the right to refuse to perform surgery in any instance where he/she believes that the surgical procedure would jeopardize the health of the animal. I also understand and acknowledge that the APL may refuse to accept any animal if it is the opinion of the veterinarian that acceptance could jeopardize the safety of any other animal or human.

_____ **TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS ANIMAL HAS NOT BITTEN ANY PERSON DURING THE PAST 15 DAYS PRECEDING THIS DATE.**

_____ I certify that my animal has had no food for at least ten hours prior to surgery (**applies to morning check-in only**).

_____ I understand that it takes at least ten days for vaccinations to be effective on my pet. If I have not vaccinated my pet at least ten days prior to this date, I understand that my pet may not be protected. I understand that if I am having my pet vaccinated today, that he/she will not be protected until at least ten days after this date. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of the operation, the treatment of my animal by any means, or the confinement of my animal with other animals on the premises.

_____ **I AGREE TO PAY FOR ANY UNANTICIPATED EXPENSES INVOLVING THE PROCEDURE OR AFTER CARE OF MY PET(S); LICK DAMAGE TO INCISION, FLUIDS, ANESTHETIC COMPLICATIONS, ANTIBIOTICS, BLOOD TRANSFUSIONS, EMERGENCY DIAGNOSTICS, ETC. I ALSO UNDERSTAND THE PROCEDURE FOR EMERGENCY AND AFTER CARE AS FOLLOWS: CALL OUR EMERGENCY LINE 903-348-9674. IF I CHOOSE TO USE ANOTHER VETERINARIAN'S SERVICES REGARDING SURGERY RELATED CARE, I WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED**

_____ In case of an abandoned animal, written notice to remove the animal will be mailed to me. Twelve days after written notice, the animal becomes property of the APL and will be handled in accordance with the guidelines set by the Texas Board of Medical Examiners. It is understood that this does not relieve me from paying all costs for the service performed under the terms of this agreement. I agree to pay promptly all charges incurred by such care including boarding fee.

_____ I understand that the APL is not in any way associated or affiliated with the attending veterinarian or any person, party, or association with whom or with which he/she may be associated or affiliated. I understand that the attending veterinarian will perform the sterilization surgery on premises leased by the APL. **APL does not sponsor the attending veterinarian and does not exercise control over any procedures performed by the attending veterinarian or his/her staff, nor does it exercise any control of any treatment or care provided the animal by the attending veterinarian or his/her staff.**

_____ I hereby release the APL and all officers, directors, employees, and members of the APL from any and all claims arising from this operation or procedure, or from any act by, or omission on the part of the attending veterinarian, his/her staff or associates, **EVEN IF SUCH ACT OR OMISSION IS DEEMED NEGLIGENCE ON THE PART OF THE APL, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND MEMBERS.**

_____ As owner of the pet(s) described on the questionnaire form, I hereby request and authorize the attending veterinarian to perform the surgery and any other treatments necessary to accomplish sterilization of said animal(s). **If my male dog or cat is crypt orchid (testicle(s) not dropped), there will be a \$25 extra charge.**

_____ **If my pet is increased in age, I understand that he/she is considered a high-risk surgery.** APL suggests that I take my pet to a full-service veterinarian clinic for blood work. This can diagnose any underlying conditions; i.e., kidney, liver, etc. I understand that the APL does not perform routine blood chemistry.

_____ **I understand that my pet will receive a small tattoo on their abdomen during their surgery to indicate they've been sterilized**

Signature: _____ Date: _____