

WASHINGTON COUNTY SPAY/NEUTER PROGRAM
Application/Surgery Consent Form (ONE PER ANIMAL)

PLEASE PRINT

Name of Pet Owner: _____

Physical Washington County Address Only: _____

City: _____ Zip Code: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

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- This program is designed for family pets only. This program shall not be utilized by breeders, rescues or any person for the purpose to sell, adopt or release an animal to another person.
 - Arkansas Law requires a current certificate of vaccination for rabies signed by a licensed veterinarian. If you cannot present a certificate with this application, you will be required to pay an additional non-refundable fee of \$10.00 for the Animal Shelter to vaccinate your animal and issue a certificate.
 - Services must be utilized within 45 days of approval date.
 - I hereby certify that I am the owner of the below animal and I authorize the veterinarian working with the Washington County Animal Shelter and his/her Assistant to anesthetize this pet and perform a spay/neuter surgery. I have been appropriately and satisfactorily informed of the nature and risks of this procedure. I realize that with any anesthetic and surgical procedure there are risk, which are not limited to but included death, illness, and infection. I do not hold the veterinarian, the Washington County Animal Shelter, or Washington County liable for any unexpected results or outcome.

Signature: _____ Date: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____ Weight: _____

Breed: _____

Color: _____

Male dog: Testicles one or two

Female dog: last heat cycle _____ pregnant _____

SERVICES:

S/N Dog \$75.00

S/N Cat \$55.00

Rabies Vaccine \$10.00

Microchip \$10.00

Total \$ _____

OFFICE USE ONLY

Approval date _____

Appointment _____

Approval Expiration _____

Shelter ID# _____