

Associated Humane Societies
2960 Shafto Road, Tinton Falls, NJ, 07753
(732) 922-0100

Associated Humane Societies
124 Evergreen Avenue, Newark, NJ, 07114
(973) 824-7080

Associated Humane Societies
Humane Way, Forked River, NJ, 08731
(609) 693-8408

Animal ID No

Date of Surgery

TNR Admission Form

Your first name

Your last name

Cat Name

Pet's age or DOB

Cat

Male Female

Rescue Group

Total \$ Cash Visa M/C Disc

Pet's color(s)

Pet's breed

Town Trapped In

Colony Number

Address

City

State

ZIP

Phone Number (where we can reach you TODAY)

Alternate Phone Number

Email Address

Associated Humane Societies uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize Associated Humane Society, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

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

I either certify that my animal has been vaccinated within one year prior to this date or will receive the necessary vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.

I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.

I understand that Associated Humane Societies has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that Associated Humane Societies may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$35 for male or \$15 for females.

I understand that if my animal is cryptorchid, he may have an additional incision and may incur additional cost.

I hereby release the Associated Humane Societies, Associated Humane Societies Veterinary Services, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold Humane Alliance harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Additional Feline Services:

- Rabies Vaccine (1 or 3 yr)
- Feline Distemper Vaccine
- FIV/FeLV Test
- Ear Tip
- Ear Tattoo

OTHER Additional Services:

- Hernia Repair
- Cryptorchid
- Microchip
- Fecal
- Other _____

SIGNATURE

DATE

Form: 1941

White: Office
Yellow: TNR Coordinator
Pink: Caregiver
Gold: Medical