



## ABOUT YOU

To prove financial need, you will need to show that you receive one or more of the following:

Medicaid

Family Independence Program (FIP)

Supplemental Security Income (SSI)

Social Security Disability (SSD)

Genesee Health Plan

Food Assistance Program (FAP)

Women, Infant and Children (WIC) Program

State Disability Assistance (SDA)

Unemployment Benefits

Other: \_\_\_\_\_

If you have expenses or hardships which might aid in making a favorable application, please describe them fully on the back of this sheet. Do you have such hardships? \_\_\_Yes \_\_\_No

Please initial in the space provided that you have read, understand and agree to the following:

- \_\_\_\_\_ I understand that Adopt-A-Pet provides spay/neuter, heartworm test and rabies vaccination ONLY. All additional medical care required for this pet including removal of sutures is the responsibility of the owner. AAP provides no post-operative treatment for patients beyond discharge from our facility and will not be financially responsible for any future medical expenses of the pet.
- \_\_\_\_\_ I understand that there are risks involved in any surgical procedure. These risks have been explained to me and I give informed consent for my pet to undergo the spay/neuter procedure. I also understand that AAP is under no obligation to perform surgery on animals for whom the risk of anesthesia and surgery is deemed by the veterinarian to be unreasonable.
- \_\_\_\_\_ I understand that pregnancy and heat increase the risk during any surgical procedure and post operative period. I agree to proceed with surgery with full knowledge of these risks including death and I agree to pay the additional fees associated with such surgery.
- \_\_\_\_\_ Safe transport of pets into and out of the AAP facility is the responsibility of the pet owner. AAP can not be held accountable for animals escaping from the owner's possession during transport. All cats must be transported in carriers or live traps; all dogs must be in carriers or leashed.
- \_\_\_\_\_ Animals deemed to be an endangerment to the staff and volunteers of AAP will not be considered for surgery.
- \_\_\_\_\_ I affirm that all questions have been answered fully and truthfully. I also affirm that I am the legal owner of the pet being presented for surgery and that I am at least 18 years of age.
- \_\_\_\_\_ I agree to waive and forever discharge Adopt-A-Pet, their officers, employees, agents, veterinarian(s) and volunteers from any and all present and future claims, causes of actions, demands, charges, complaints, liabilities or damages that may arise during or as a result of the anesthesia and/or surgical procedure or vaccination.
- \_\_\_\_\_ I acknowledge that I have read and understand this agreement and sign willfully. I have also been provided a list of post-operative care instruction and a list of emergency veterinary clinics which I can contact in the event of any post-operative concern or complication.
- \_\_\_\_\_ I agree to be available by telephone **during the entire time my pet is in Adopt-A-Pet's care.** I understand that the veterinarian will not perform surgery on animals when the owner cannot be reached by phone.

\_\_\_\_\_ In the event I cannot be contacted during the surgery, I authorize the veterinarian to perform what ever medical procedures are necessary and agree to pay the associated fees.

\_\_\_\_\_ I understand that Adopt-A-Pet provides this service willfully, and is not obligated to approve this application. Dogs over 50 lbs., animals in heat and/or obese may result in additional charges for surgery. These costs will be the responsibility of the pet owner.

\_\_\_\_\_ I agree to pay the entire low cost fees at the time of surgery. I understand that my actual fee may be more or less than previously quoted due to obesity, heat, etc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### AUTHORIZATION

\_\_\_\_\_ Denied

\_\_\_\_\_ Approved, client to pay: \_\_\_\_\_

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

.....  
*Cut her for customer's voucher*

The date and time of your surgery is: \_\_\_\_\_

Do not feed your animal any food, bones or rawhides after 10:00 pm the night before surgery. NO food the day of surgery. They can have water. If your animal eats the day of surgery you will need to reschedule as it is a danger to your animal.

The day of surgery:

- Arrive on time. If you are more than 15 minutes late your animal may not have surgery.
- Cash ONLY. Payment is due in full the day of surgery. If a Visa/MC must be used, there will be 6% added for credit card payments.
- Animals must be picked up at 2:30 pm the day of surgery. For every 15 minutes you are late, you will be charged \$5. No exceptions.
- Enter at the north end of the back of the building.
- Mention any concerns you have with your animal to the assistant checking you in.
- Make sure you can answer your phone all day.
- If your animal is aggressive in any way, you must wait with your animal until the veterinarian can assess him/her.