



# Humane Society of Ocean City

P.O. Box 1254  
Ocean City, NJ 08226  
Shelter: (609) 399-2018  
Clinic: (609) 399-2800

**Spay Neuter Form**  
Must be filled out prior to appointment.

## Owners Info:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE : \_\_\_\_\_

**Animal's Info:** Dog:  Cat:   
PETS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
APPROX WEIGHT \_\_\_\_\_  
Male:  Female:   
Is your pet 7 years of age or older? Y N  
Any Medical Conditions or Medications? \_\_\_\_\_

**PRICES:** All Prices include , E-collar/Head Cones & Pain Medications. (dogs only)

Please Male Cat: \$50.00 Male Dog: \$200.00 Over 70lbs: \$250.00 Over 100lbs: \$300.00  
Circle: Female Cat: \$75.00 Female Dog: \$250.00 Over 70lbs: \$300.00 Over 100lbs: \$400.00

MISC: Please circle what's needed  
Rabies Vac: \$15.00 Heartworm/ Lymes Test: (Dogs) \$40.00  
Distemper Vac: \$15.00 Leukemia/ FIV Test: (Cats) \$35.00  
Microchipping: \$25.00  
Pain Management:(Cats) \$15.00  
Please note pain management is included in the price of dog surgery  
There will be an additional \$50.00 charge for dogs in heat

-APPLICATION and 50% of deposit MUST be mailed or dropped off to schedule your appointment. REMAINING BALANCE IS DUE WHEN YOU PICK UP YOUR PET AFTER SURGERY. Our mailing address is P.O. Box 1254, Ocean City, NJ 08226. Actual clinic site is 1 Shelter Rd, Ocean City. Please do not send cash Credit Cards (Visa/Master Card/ Discover) are only accepted in person at the Humane Society. All dogs 7 years of age and over are required to have pre-op blood work done at their own vet or through the HSOC Veterinary office, prior to surgery. Read entire document before signing below.

-Once the HSOC receives your application you will be contacted with your appointment date. CANCELLATIONS ARE NON-REFUNDABLE. ALL dogs MUST be on a leash and cats MUST be in carriers or traps. Cardboard cat carriers are available at the Shelter for \$8.00 each. The animal must be picked up at the said time, same day. It is your responsibility to ensure that your animal is in good health prior to surgery. As with any surgery, there are risks. Aggressive dogs will NOT be accepted. It is recommended that a dog be heartworm tested and a cat feline leukemia/FIV tested prior to surgery. We recommend that all animals have regular veterinary care. -Every effort will be made to return all personal items at pick-up, however the HSOC cannot be held responsible for items lost at the clinic (towels, linens, toys etc). Bedding will be provided for your animal at the clinic.

-EVERY EFFORT MUST BE MADE TO PICK YOUR ANIMAL UP AT THE TIME GIVEN TO YOU THE MORNING OF SURGERY UNLESS OTHER ARRANGEMENTS HAVE BEEN APPROVED. IF YOUR ANIMAL IS LEFT AT THE CLINIC OVER NIGHT THE HSOC ASSUMES NO RESPONSIBILITY AND YOU WILL BE CHARGED \$25.00 PER DAY.

-If you cancel or miss your appointment it is your responsibility to call within the next 60 days to reschedule. After 60 days you must pay your remaining balance before you can reschedule your appointment.

-I RELEASE the Humane Society of Ocean City, its employees and agents, from all liability and waive any and all claims and damages, including death of the said animal.

-Surgical Consent - I am the owner or authorized agent for the animal described above and I have the authority to execute this consent. I hereby give the Humane Society of Ocean City and any authorized agents, staff, or representative's consent and authority to perform spay/neuter surgery. I understand that this involves general anesthesia, the removal of the uterus and ovaries of females, and the removal of testicles in males. I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures or use of additional medications at an additional charge. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are certain risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I Would You like to make a donation to help alter a pet less fortunate?  
\$2.00 \$5.00  
\$ \_\_\_\_\_  
any and all donations are appreciated.

DEPOSIT ENCLOSED \$ \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF OWNER \_\_\_\_\_

NO FOOD AFTER 8:00 P.M. THE NIGHT BEFORE SURGERY.  
WATER SHOULD BE AVAILABLE.

Prices Effective 7/21/2020