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Owner's	Name				<u>—</u>	Date		
Address	s				City, State, Zip			
Phone 1	1	Phone :	2		Email		Have you v	isited a TCAP
I have read that provide not allow a and donat	d the surgical release on the back des care for animals belonging me to use a full service veterina ions. By signing this documen	of this form and understand the ris to individuals or groups with insu- try hospital. TCAP works to make	ks involved. I also under fficient resources to put preventative care and	stand the procedures I must urchase the same care from I sterilization achievable an	follow to handle any emergeno a full service provider. By vi d affordable to those who w ional veterinary clinic. By sig	cies and after care of my animal(s). I isiting TCAP and using its services ould otherwise be unable to afford ning below, you understand and cho	FCAP is a low cost is, I acknowledge th it through the ger ose to have the pro	service program lat my budget will nerosity of grants cedure performed.
Signatur				Voc. I		ncy Post Operative Care Ph	one Number: (9	940) 395-4306
		nimal does not have any pre-	existing health con-	ditions. Yes Pet 2	<u>No</u>	0-4		
Pet 1	Dog	Cat			Dog	Cat		
Name:_			_					
Color: _			_ Weight:	Color: .			Weight:_	
Sex:	Male	Female	Age:	Sex:	Male	Female	Age:_	
		<b>Sterilization</b>				<b>Sterilization</b>		
	Canine Under 50 lbs. Canine 50 - 80 lbs.			5.00	Canine Under 50 lbs Canine 50 - 80 lbs.	i.		\$55.00 \$65.00
	Female Feline OHE Male Feline Castration	on (Must be in a trap and rece	\$35	5.00 5.00 0.00	Female Feline OHE Male Feline Castration	on tion (Must be in a trap and rec	oivo an oar tin)	\$45.00 \$35.00 \$20.00
	•	sociated Surgery Fees	ive air ear tip) $\psi = 0$	5.00	•	ssociated Surgery Fees	• /	Ψ20.00
	In heat female Pregnant female Crypt orchid male	Early \$20.00	Advanced \$40	0.00 0.00 0.00	In heat female Pregnant female Crypt orchid male	Early \$20.00 Flank \$20.00	Advanced Abdominal	\$10.00 \$40.00 \$40.00
	<u>Po</u>	st Operative Options			 !	Post Operative Options		
		ction & gabapentin/onsion	/carprofen) \$15	5.00 5.00 5.00		jection & gabapentin/onsid		\$5.00 \$15.00 \$15.00
l declir TCAP i	E-Collar ne the e-collar for my p recommends them for	et although I understan all post-operative pets. canine Vaccinations	\$10 <b>d</b>		<sub>.</sub> E-Collar ne the e-collar for my	pet although I understa or all post-operative pets Canine Vaccinations	nd	\$10.00 —
If resul	DHPP (Left Hip) subQ Bordetella (Intranasal) Lymes (Right Shoulder Leptospirosis (Right Shoulder Heartworm Test*  It is positive, surgery was supposed to suppose the suppose	incolder) subQ 3/H3N2 (Right Shoulder) ( Pos. / Neg. ) vill be declined. Feline Vaccinations Q Tag Number:  ( Pos. / Neg. ) vill be declined.  eous Services and Proc. 5.5mg/mLmLs 5.8mg/mLmLs ve 6 mo. Box  [ Again Shoulder) [ Again Shou	\$10 \$11 \$11 \$11 \$12 \$12 \$12 \$12 \$12 \$12 \$12	5.00 0.00 0.00 0.00 If resul Do /	DHPP (Left Hip) sub Bordetella (Intranasa Lymes (Right Should Leptospirosis (Right Canine Influenza H3 Heartworm Test* It is positive, surgery Rabies (Right Hip) su FeVRCP (Left Hip) sub FeLV (Left Hip) sub FeLV (FIV Test It is positive, surgery do not euthanize.  Miscella Dewormer - Strongic Dewormer - Droncit Activyl Flea Preventa Activyl Flea Preventa Tri-Heart Plus HW P Trifexis 5-10 Nail Trim HomeAgain Microch Cat Carrier Feline Declaw Packa	al) der) subQ Shoulder) subQ N8/H3N2 (Right Shoulder) (Pos. / Neg.) / will be declined. Feline Vaccinations ubQ Tag Number:	subQ  bducts S Cat:\$10.00 Do Last Flea Treatment \$30.00 61-100  rillilzation)	\$5.00 \$10.00 \$10.00 \$15.00 \$20.00 \$20.00 \$20.00 \$5.00 \$10.00 \$20.00 \$5.00 \$12.00 \$60.00 \$35.00 \$12.00 \$60.00 \$5.00 \$14.00 \$14.00 \$165.00 \$60.00
	Intestinal Parasite Exa Penicillin Injection Other			5.00	Intestinal Parasite Expension Penicillin Injection Other		\$_	\$15.00 \$5.00
Total C	harges			Total C	harges			
Veterina	arian Signature	Texas	License Number	Payme	nt Method:	Cash Credit Ca	rd V	oucher

\*You have 7 days to purchase heartworm prevention after a negative result.

Rabies Vaccine Information
Nobivac
Merck Animal Health
1 Year USDA Licensed Rabies Vaccine

Rabies Revaccination Due Date \_\_\_



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Owner's Nar	me						_			Date			
Address							City, Sta	ate, Zip					
Phone 1			Phone	2			_ Email _				Have you v clinic before	isited a TCAP e? □ Yes □ No	
I have read the s that provides ca not allow me to	surgical release on the are for animals belor use a full service ve	e back of this form and ging to individuals of eterinary hospital. TC. eument, I verify that I	understand the r groups with ins AP works to mal	sks involved. I also ufficient resource se preventative ca	understand the period of the second standard standard the second standard	procedures I must le same care from on achievable an my pet at a traditi	follow to handle a full service p d affordable to	any emergencie rovider. By vis those who wou clinic. By signi	es and after care of iting TCAP and us uld otherwise be u	my animal(s). T ing its services nable to afford erstand and choo	CAP is a low cost I acknowledge th it through the ger use to have the pro-	service progra at my budget w nerosity of gran cedure performe	
	f my knowledge, i	ny animal does no	t have any pro	e-existing health	n conditions			· ·			,	,	
Pet 1	Dog	Cat				Pet 2	D	og	Cat				
Name:						Name:							
Breed:				Temp:									
				•									
Sex:		Female		· ·		Sex:			Female		· ·		
Sex.	Male			Age		Sex.	Ma	ale			Age		
Car	nine Under 50 I	<u>Steriliza</u> bs.	tion		\$55.00		Canine Un	der 50 lbs.	<u>Sterilizat</u>	<u>lion</u>		\$55.00	
	nine 50 - 80 lbs				\$65.00		Canine 50					\$65.00	
Mal	male Feline OH le Feline Castra ral Feline Sterili neat female		eive an ear tip)	·	Female Feline OHE Male Feline Castration Feral Feline Sterilization (Must be in a trap and receive an  Associated Surgery Fees In heat female						\$45.00 \$35.00 \$20.00		
Pre	egnant female opt orchid male	Flan	\$20.00 k \$20.00	Advanced Abdominal	\$10.00 \$40.00 \$40.00		Pregnant for Crypt orchi	emale id male	Flank	\$20.00 \$20.00	Advanced Abdominal	\$10.00 \$40.00 \$40.00	
Pai Ant	tibiotics	Post Operative (injection & gaba	pentin/onsid	or/carprofen)	\$5.00 \$15.00 \$15.00 \$10.00		Pain Inject Pain Med ( Antibiotics E-Collar	ion Combo (inje	ost Operative	pentin/onsic	r/carprofen)	\$5.00 \$15.00 \$15.00 \$10.00	
I decline the e-collar for my pet although I understand TCAP recommends them for all post-operative pets.						I declin TCAP i	I decline the e-collar for my pet although I understand TCAP recommends them for all post-operative pets.  Canine Vaccinations						
DH Bor Lyn Lep Car	PP (Left Hip) sindetella (Intrana nes (Right Short otospirosis (Rig nine Influenza Hartworm Test*	ısal)	Q ht Shoulder) g.) <b>ned.</b>		\$5.00 \$10.00 \$10.00 \$15.00 \$10.00 \$20.00 \$20.00	If resul	Canine Infl Heartworm	ght Hip) subC t Hip) subC (Intranasal ght Shoulde sis (Right S uenza H3N ı Test*	bQ Tag N ) )	umber: Q nt Shoulder) g. ) ned.	subQ	\$5.00 \$10.00 \$10.00 \$15.00 \$10.00 \$20.00 \$20.00	
FVI FeL FeL		subQ Tag N subQ bQ (Pos. / Ne ery will be decli	Number:		\$5.00 \$10.00 \$10.00 \$20.00			eft Hip) sub Hip) subQ Test	bQ Tag N Q	umber:		\$5.00 \$10.00 \$10.00 \$20.00	
Dev Act Act Act Tri- Trif Nai Hor Cat Feli Cus Inte	wormer - Strong wormer - Dronc ivyl Flea Preve Heart Plus HW exis 5-10 il Trim meAgain Micro t Carrier ine Declaw Pac stom ID Tag estinal Parasite nicillin Injection	11-20 21-4 chip ckage (With Purckage (No Sterili	mLs mLs plication {	Scat:\$10.00 Do ast Flea Treatment \$30.00 61-100	\$5.00 \$15.00 \$12.00 \$60.00 \$35.00 \$100.00 \$5.00 \$20.00 \$5.00 \$140.00 \$165.00 \$6.00 \$5.00		Dewormer Activyl Fleat Activyl Fleat Tri-Heart P Trifexis Nail Trim HomeAgai Cat Carrier Feline Dec Custom ID Intestinal F	- Strongid- - Droncit 5 a Prevental a Prevental de Prevental 5-10 5 n Microchip- law Packag law Packag Tag	11-20 21-40 o ge (With Purch ge (No Sterilitz	mLs (mLs (mLs (mLs (mLs (mLs (mLs (mLs (	Scat:\$10.00 Dogast Flea Treatment \$30.00 61-100	\$5.00 \$15.00 \$12.00 \$60.00 \$35.00 \$100.00 \$5.00 \$5.00 \$140.00 \$165.00 \$6.00 \$15.00 \$5.00	
Total Charge	es					Total Cl	narges						
Veterinarian	Signature		Texa	s License Nur	mber	Payme	nt Method:	C	Cash	Credit Car	d V	oucher	
Romp 20 mg/m	nLcc	Ket 100 mg/mL	cc IM		cc	Romp 20	) mg/mL	cc IM	Ket 100 mg/mL	cc IM		cc	
Atropine 1/120	) Grainco	SQ Penn	cc SQ	Yobine 2 mg/mL	cc IM	Atropine	1/120 Grain	cc SQ	Penn	cc SQ	Yobine 2 mg/mL	cc IM	
Ketoprofen 100	0 mg/mL  co	SQ Euthasol	cc	Met 5 mg/mL	cc SQ	Ketoprof	en 100 mg/mL	cc SQ	Euthasol	cc	Met 5 mg/mL	cc SQ	

## Sterilization and Anesthetic Release / Agreement

As owner/agent of the animal presented at the Texas Coalition for Animal Protection (TCAP) Low Cost Pet Sterilization and Vaccination Program, I hereby request and authorize the operating veterinarian and veterinary technician staff under his/her supervision at the TCAP Low Cost Pet Sterilization and Vaccination Program to perform the surgery and/or dental procedure and any other treatments necessary to accomplish the sterilization and/or dental cleaning and/or extraction of any loose or decayed teeth of my animal(s).

I understand that the procedure involves the use of anesthetics and drugs, and that injury to or death of such animal(s) is a foreseeable consequence of any such procedure and accompanying procedure. I understand the risks involved with the procedure and agree that the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program and his/her staff will not be held liable or responsible in any manner for any complications that may arise during the procedure or result from the procedure. If the animal dies as a result of the procedure, I further authorize the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program to dispose of the remains in accordance with the requirement of law and the policy of his/her clinic.

TCAP suggests that you take your pet to a veterinary clinic of your choice for blood work prior to any procedure involving anesthesia. This can diagnose any underlying conditions that we would not otherwise know about your pet. TCAP does not perform routine blood chemistry. Additionally, TCAP recommends pre-surgical intraoral radiographs to check for pre-existing pathology prior to any dental procedure. I understand TCAP does not perform intraoral radiographs.

To my knowledge, this animal is in good health. I understand and acknowledge that the following conditions may increase the likelihood of complications and/or death during and after the procedure: surgery performed during advanced stages of pregnancy, surgery on animals suffering from parasite infestation, leukemia and other diseases, reclaiming/transporting animals that exhibit signs of sedation, heart murmurs, and seizures. I understand that the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program has the right to refuse to perform this procedure in any instance where he/she believes that the procedure would jeopardize the health of the animal. I also understand and acknowledge that the Texas Coalition for Animal Protection may refuse to accept any animal if, in the opinion of the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program, to do so would jeopardize the safety of any other animal or human.

I understand that by participating in TCAP's feral program, this cat will be "ear tipped", to help with animal control purposes.

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS ANIMAL HAS NOT BITTEN ANY PERSON DURING THE PAST TEN (10) DAYS PRECEDING THIS DATE.** I certify that my animal has been vaccinated within ten (10) days prior to this date OR I am waiving my right to protect my animal by having it vaccinated. 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 procedure, treatment of the animal by any means, or the confinement of the animal with other animals on the premises. I understand and acknowledge that there is a risk of infectious disease exposure visiting a TCAP location, full service vet hospital or animal shelter, and there is increased risk if my pet has not been vaccinated.

I agree to pay for any unanticipated expenses involving the procedure or after care of my animal.

If I do not pick up my animal at the times specified for pet pick-up by TCAP or make special after-hours arrangements for my animal, the animal may be destroyed or otherwise disposed of, as the attending veterinarian(s) deem best. It is understood that such disposal does not relieve me from paying all costs for the services performed under the terms of this agreement. I understand that the operating veterinarian at TCAP Low Cost Pet Sterilization and Vaccination Program may place the animal with TCAP, or other party for custodial care until the animal is returned to its owner or otherwise disposed of, and I agree to pay promptly all charges incurred by such care.

I understand that the Texas Coalition for Animal Protection is not in any way associated with or affiliated with the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program or any person, party or association with whom or with which she may be associated or affiliated.

I understand further that although the veterinarian and veterinary technician under the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program will perform the procedure on premises leased/donated by the Texas Coalition for Animal Protection. I understand that the Texas Coalition for Animal Protection does not sponsor the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program and does not exercise control of any nature over any procedures performed by the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program or his/her staff. TCAP does not exercise any control of any treatment or care provided the animal by the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program or his/her staff.

I hereby release the Texas Coalition for Animal Protection, and all the officers, directors, employees and members of the Texas Coalition for Animal Protection, from any and all claims arising from this operation or procedure EVEN IF SUCH ACT OR OMISSION IS DEEMED NEGLIGENCE ON THE PART OF THE TEXAS COALITION FOR ANIMAL PROTECTION, ITS OFFICERS, DIRECTORS, EMPLOYEES AND MEMBERS.

In any case, the operating veterinarian at the TCAP Low Cost Pet Sterilization and Vaccination Program, the Texas Coalition for Animal Protection, and all the officers, directors, employees and members of the Texas Coalition for Animal Protection will not be responsible for any post procedural complications.

The stated price for taxable items includes Texas sales or use tax.

TCAP recommends that ongoing pet care be provided by a full-service veterinary clinic. Your pet will be referred to a veterinary dental specialist when appropriate. TCAP considers a dental specialist as an extension of the primary care veterinary team in providing oral health care. While TCAP does not extract teeth that are not loose and easily removed, if a jaw facture occurs while an extraction was performed you may be referred to a Board Certified Veterinary Dentist.

By signing this form I give the Texas Coalition for Animal Protection (TCAP) permission to transport my pet(s) for the purpose of surgery and/or vaccinations. Signing this form also indicates my agreement to release TCAP and its staff, contractors, and governing board, from any and all claims arising from any injuries that occur prior to, during, and after transport. I also release TCAP of any liability in case my pet escapes from its carrier during transport.