

PO Box 77016  
Fort Worth, Texas 76177



940-566-5551  
www.texasforthem.org  
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Owner's Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_  
Have you visited a TCAP clinic before?  Yes  No

I have read the anesthetic release on the back of this form and understand the risks involved. I also understand the procedures I must follow to handle any emergencies and after care of my animal(s). TCAP is a low cost service program that provides care for animals belonging to individuals or groups with insufficient resources to purchase the same care from a full service provider. By visiting TCAP and using its services, I acknowledge that my budget will not allow me to use a full service veterinary hospital. TCAP works to make preventative care and sterilization achievable and affordable to those who would otherwise be unable to afford it through the generosity of grants and donations. By signing this document, I verify that I lack sufficient means to provide medical care for my pet at a traditional veterinary clinic. Please signing below, you understand and choose to have the procedure performed.

Signature: \_\_\_\_\_ Emergency Post Dental Cleaning Phone Number: (940) 395-4306

**PET INFORMATION**

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Color: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ I understand I should provide blood work prior to anesthesia being given if my pet is more than 5 years old. I understand that TCAP does not perform pre-anesthetic blood work.

\_\_\_\_\_ I understand I should provide pre-surgical radiographs (dental x-rays) to check for pre-existing pathology. I understand that TCAP does not perform pre-surgical radiographs.

\_\_\_\_\_ I understand extractions may be necessary, and I authorize this procedure.

Does your pet have any history of medical problems ? Yes No  
If yes, explain: \_\_\_\_\_

Is your pet on any medication ? Yes No  
If yes, explain: \_\_\_\_\_

Does your pet have any drug or other allergies ? Yes No  
If yes, explain: \_\_\_\_\_

Are your pet's vaccinations up to date ? Yes No  
If yes explain: \_\_\_\_\_

Has your pet had professional dental care ? Yes No  
If yes, explain: \_\_\_\_\_

When was your pet's last professional cleaning ? \_\_\_\_\_  
Has your pet been ill or injured in the past 30 days? Yes No  
If yes, explain: \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_ Texas License Number \_\_\_\_\_

**Dental Services**

_____ Feline & Stage 1 Canine Cleaning	\$100.00
_____ Stage 2 Canine Cleaning	\$120.00
_____ Stage 3 Canine Cleaning	\$140.00
_____ Over 50 lbs.	\$15.00
_____ Pain Injection	Cat: \$5.00 Dog: \$10.00
_____ Pain Med Combo (Injection & Gabapentin/onsior/carprofen)	\$15.00
_____ Antibiotics	\$15.00
_____ Dental Surgery	\$25.00
_____ Toothbrush Kit	\$12.00

**Extractions**

_____ Major	Number _____	\$20.00
_____ Minor	Number _____	\$10.00
_____ Maximum		\$60.00

**Canine Vaccinations**

_____ Rabies (Right Hip) subQ	Tag Number _____	\$5.00
_____ DAPPv (Left Hip) subQ		\$10.00
_____ Bordetella (Intranasal)		\$10.00
_____ Lymes (Right Shoulder) subQ		\$15.00
_____ Leptospirosis (Right Shoulder) subQ		\$10.00
_____ Canine Influenza H3N8/H3N2 (Right Shoulder) subQ		\$20.00
_____ Heartworm Test* ( Pos / Neg )		\$20.00

**I decline HW Test/Prev \_\_\_\_\_  
If result is positive, dental cleaning will be declined.**

**Feline Vaccinations**

_____ Rabies (Right Hip) subQ	Tag Number _____	\$5.00
_____ FHCPCh (Left Hip) subQ		\$10.00
_____ FeLV (Left Hip) subQ		\$10.00
_____ FeLV / FIV Test ( Pos / Neg )		\$20.00

**If result is positive, dental cleaning will be declined.  
Do / do not euthanize. \_\_\_\_\_.**

**Miscellaneous Services and Products**

_____ Dewormer - Strongid-T 50mg/mL _____ mLs	\$5.00
_____ Dewormer - Droncit 56.8mg/mL _____ mLs	Cat: \$10.00 Dog: \$15.00
_____ Bravecto (Canine - Oral)	\$40.00
_____ Bravecto (Feline - Topical)	\$40.00
_____ Effitix Plus Flea Prev. (canine) 1 mo. dose \$12.00 3 mo. dose	\$30.00
_____ Effipro Plus Flea Prev. (feline) 1 mo. dose \$12.00 3 mo. dose	\$30.00
_____ Breathalyser Plus	\$16.00
_____ Chlorazinc Rinse	\$10.00
_____ CET Oral Hygiene Kits	\$14.00
_____ Tri-Heart Plus HW Prev	\$25.00 \$30.00 \$35.00
_____ Trifexis 5-10 11-20 21-40 41-60 61-120	\$110.00
_____ Nail Trim	\$5.00
_____ HomeAgain Microchip	\$20.00
_____ Cat Carrier	\$5.00
_____ Anal Gland Expression	\$10.00
_____ Intestinal Parasite Exam	\$15.00
_____ Penicillin Injection _____ mLs	\$5.00
_____ Custom ID Tag	\$6.00
_____ Other _____	\$ _____

Total Charges \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Voucher \_\_\_\_\_

**\*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 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_  
 Have you visited a TCAP clinic before?  Yes  No

I have read the anesthetic release on the back of this form and understand the risks involved. I also understand the procedures I must follow to handle any emergencies and after care of my animal(s). **TCAP is a low cost service program that provides care for animals belonging to individuals or groups with insufficient resources to purchase the same care from a full service provider. By visiting TCAP and using its services, I acknowledge that my budget will not allow me to use a full service veterinary hospital. TCAP works to make preventative care and sterilization achievable and affordable to those who would otherwise be unable to afford it through the generosity of grants and donations. By signing this document, I verify that I lack sufficient means to provide medical care for my pet at a traditional veterinary clinic.** Please signing below, you understand and choose to have the procedure performed.

Signature: \_\_\_\_\_ **Emergency Post Dental Cleaning Phone Number: (940) 395-4306**

**PET INFORMATION**

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Name: \_\_\_\_\_ Temp: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Color: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ I understand I should provide blood work prior to anesthesia being given if my pet is more than 5 years old. I understand that TCAP does not perform pre-anesthetic blood work.

\_\_\_\_\_ I understand I should provide pre-surgical radiographs (dental x-rays) to check for pre-existing pathology. I understand that TCAP does not perform pre-surgical radiographs.

\_\_\_\_\_ I understand extractions may be necessary, and I authorize this procedure.

Does your pet have any history of medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

Is your pet on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

Does your pet have any drug or other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

Are your pet's vaccinations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes explain: \_\_\_\_\_

Has your pet had professional dental care? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

When was your pet's last professional cleaning? \_\_\_\_\_  
 Has your pet been ill or injured in the past 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

**Dental Services**

- \_\_\_\_\_ Feline & Stage 1 Canine Cleaning \$100.00
- \_\_\_\_\_ Stage 2 Canine Cleaning \$120.00
- \_\_\_\_\_ Stage 3 Canine Cleaning \$140.00
- \_\_\_\_\_ Over 50 lbs. \$15.00
- \_\_\_\_\_ Pain Injection Cat: \$5.00 Dog: \$10.00
- \_\_\_\_\_ Pain Med Combo (Injection & Gabapentin/onsior/carprofen) \$15.00
- \_\_\_\_\_ Antibiotics \_\_\_\_\_ \$15.00
- \_\_\_\_\_ Dental Surgery \$25.00
- \_\_\_\_\_ Toothbrush Kit \$12.00

**Extractions**

- \_\_\_\_\_ Major Number \_\_\_\_\_ \$20.00
- \_\_\_\_\_ Minor Number \_\_\_\_\_ \$10.00
- \_\_\_\_\_ Maximum \$60.00

**Canine Vaccinations**

- \_\_\_\_\_ Rabies (Right Hip) subQ Tag Number \_\_\_\_\_ \$5.00
- \_\_\_\_\_ DAPPv (Left Hip) subQ \$10.00
- \_\_\_\_\_ Bordetella (Intranasal) \$10.00
- \_\_\_\_\_ Lymes (Right Shoulder) subQ \$15.00
- \_\_\_\_\_ Leptospirosis (Right Shoulder) subQ \$10.00
- \_\_\_\_\_ Canine Influenza H3N8/H3N2 (Right Shoulder) subQ \$20.00
- \_\_\_\_\_ Heartworm Test\* ( Pos / Neg ) \$20.00

**I decline HW Test/Prev \_\_\_\_\_  
 If result is positive, dental cleaning will be declined.**

**Feline Vaccinations**

- \_\_\_\_\_ Rabies (Right Hip) subQ Tag Number \_\_\_\_\_ \$5.00
- \_\_\_\_\_ FHCPCh (Left Hip) subQ \$10.00
- \_\_\_\_\_ FeLV (Left Hip) subQ \$10.00
- \_\_\_\_\_ FeLV / FIV Test ( Pos / Neg ) \$20.00

**If result is positive, dental cleaning will be declined.  
 Do / do not euthanize. \_\_\_\_\_**

**Miscellaneous Services and Products**

- \_\_\_\_\_ Dewormer - Strongid-T 50mg/mL \_\_\_\_\_ mLs \$5.00
- \_\_\_\_\_ Dewormer - Droncit 56.8mg/mL \_\_\_\_\_ mLs Cat: \$10.00 Dog: \$15.00
- \_\_\_\_\_ Bravecto (Canine - Oral) \$40.00
- \_\_\_\_\_ Bravecto (Feline - Topical) \$40.00
- \_\_\_\_\_ Effitix Plus Flea Prev. (canine) 1 mo. dose \$12.00 3 mo. dose \$30.00
- \_\_\_\_\_ Effipro Plus Flea Prev. (feline) 1 mo. dose \$12.00 3 mo. dose \$30.00
- \_\_\_\_\_ Breathalyser Plus \$16.00
- \_\_\_\_\_ Chlorazinc Rinse \$10.00
- \_\_\_\_\_ CET Oral Hygiene Kits \$14.00
- \_\_\_\_\_ Tri-Heart Plus HW Prev \$25.00 \$30.00 \$35.00
- \_\_\_\_\_ Trifexis 5-10 11-20 21-40 41-60 61-120 \$110.00
- \_\_\_\_\_ Nail Trim \$5.00
- \_\_\_\_\_ HomeAgain Microchip \$20.00
- \_\_\_\_\_ Cat Carrier \$5.00
- \_\_\_\_\_ Anal Gland Expression \$10.00
- \_\_\_\_\_ Intestinal Parasite Exam \$15.00
- \_\_\_\_\_ Penicillin Injection \_\_\_\_\_ mLs \$5.00
- \_\_\_\_\_ Custom ID Tag \$6.00
- \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Charges \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_ Texas License Number \_\_\_\_\_

Romp _____	cc IM	Ket _____	cc IM	Glyco _____	cc SQ
Atropine _____	cc SQ	Penn _____	cc SQ	Yobine _____	cc IM
Metacam _____	cc SQ	Euthasol _____	cc IM	_____	cc IM

Payment Method: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Voucher \_\_\_\_\_

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

**Rabies Vaccine Information**

**Novivac  
 Merck Animal Health  
 1 Year USDA Licensed Rabies Vaccine**

**Rabies Revaccination Due Date \_\_\_\_\_**

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# VETERINARIAN COPY

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Owner's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_  
 Have you visited a TCAP clinic before?  Yes  No

I have read the anesthetic release on the back of this form and understand the risks involved. I also understand the procedures I must follow to handle any emergencies and after care of my animal(s). TCAP is a low cost service program that provides care for animals belonging to individuals or groups with insufficient resources to purchase the same care from a full service provider. By visiting TCAP and using its services, I acknowledge that my budget will not allow me to use a full service veterinary hospital. TCAP works to make preventative care and sterilization achievable and affordable to those who would otherwise be unable to afford it through the generosity of grants and donations. By signing this document, I verify that I lack sufficient means to provide medical care for my pet at a traditional veterinary clinic. Please signing below, you understand and choose to have the procedure performed.

Signature: \_\_\_\_\_ Emergency Post Dental Cleaning Phone Number: (940) 395-4306

### PET INFORMATION

	Dog	Cat	Sex:	Male	Female
Name:	_____	_____	Temp:	_____	_____
Breed:	_____	_____	Weight:	_____	_____
Color:	_____	_____	Age:	_____	_____

\_\_\_\_\_ I understand I should provide blood work prior to anesthesia being given if my pet is more than 5 years old. I understand that TCAP does not perform pre-anesthetic blood work.

\_\_\_\_\_ I understand I should provide pre-surgical radiographs (dental x-rays) to check for pre-existing pathology. I understand that TCAP does not perform pre-surgical radiographs.

\_\_\_\_\_ I understand extractions may be necessary, and I authorize this procedure.

Does your pet have any history of medical problems? Yes No

If yes, explain: \_\_\_\_\_

Is your pet on any medication? Yes No

If yes, explain: \_\_\_\_\_

Does your pet have any drug or other allergies? Yes No

If yes, explain: \_\_\_\_\_

Are your pet's vaccinations up to date? Yes No

If yes explain: \_\_\_\_\_

Has your pet had professional dental care? Yes No

If yes, explain: \_\_\_\_\_

When was your pet's last professional cleaning? \_\_\_\_\_

Has your pet been ill or injured in the past 30 days? Yes No

If yes, explain: \_\_\_\_\_

### Dental Services

_____ Feline & Stage 1 Canine Cleaning	\$100.00
_____ Stage 2 Canine Cleaning	\$120.00
_____ Stage 3 Canine Cleaning	\$140.00
_____ Over 50 lbs.	\$15.00
_____ Pain Injection	Cat: \$5.00 Dog: \$10.00
_____ Pain Med Combo (Injection & Gabapentin/onsior/carprofen)	\$15.00
_____ Antibiotics	\$15.00
_____ Dental Surgery	\$25.00
_____ Toothbrush Kit	\$12.00

### Extractions

_____ Major	Number _____	\$20.00
_____ Minor	Number _____	\$10.00
_____ Maximum		\$60.00

### Canine Vaccinations

_____ Rabies (Right Hip) subQ	Tag Number _____	\$5.00
_____ DAPPv (Left Hip) subQ		\$10.00
_____ Bordetella (Intranasal)		\$10.00
_____ Lymes (Right Shoulder) subQ		\$15.00
_____ Leptospirosis (Right Shoulder) subQ		\$10.00
_____ Canine Influenza H3N8/H3N2 (Right Shoulder) subQ		\$20.00
_____ Heartworm Test* ( Pos / Neg )		\$20.00

I decline HW Test/Prev \_\_\_\_\_

If result is positive, dental cleaning will be declined.

### Feline Vaccinations

_____ Rabies (Right Hip) subQ	Tag Number _____	\$5.00
_____ FHCPCh (Left Hip) subQ		\$10.00
_____ FeLV (Left Hip) subQ		\$10.00
_____ FeLV / FIV Test ( Pos / Neg )		\$20.00

If result is positive, dental cleaning will be declined.

Do / do not euthanize. \_\_\_\_\_

### Miscellaneous Services and Products

_____ Dewormer - Strongid-T 50mg/mL _____ mLs	\$5.00
_____ Dewormer - Droncit 56.8mg/mL _____ mLs	Cat: \$10.00 Dog: \$15.00
_____ Bravecto (Canine - Oral)	\$40.00
_____ Bravecto (Feline - Topical)	\$40.00
_____ Effitix Plus Flea Prev. (canine) 1 mo. dose \$12.00 3 mo. dose	\$30.00
_____ Effipro Plus Flea Prev. (feline) 1 mo. dose \$12.00 3 mo. dose	\$30.00
_____ Breathalyzer Plus	\$16.00
_____ Chlorazinc Rinse	\$10.00
_____ CET Oral Hygiene Kits	\$14.00
_____ Tri-Heart Plus HW Prev	\$25.00 \$30.00 \$35.00
_____ Trifexis 5-10 11-20 21-40 41-60 61-120	\$110.00
_____ Nail Trim	\$5.00
_____ HomeAgain Microchip	\$20.00
_____ Cat Carrier	\$5.00
_____ Anal Gland Expression	\$10.00
_____ Intestinal Parasite Exam	\$15.00
_____ Penicillin Injection _____ mLs	\$5.00
_____ Custom ID Tag	\$6.00
_____ Other _____	\$ _____

Total Charges \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_ Texas License Number \_\_\_\_\_

Romp _____	cc IM	Ket _____	cc IM	Glyco _____	cc SQ
Atropine _____	cc SQ	Penn _____	cc SQ	Yobine _____	cc IM
Metacam _____	cc SQ	Euthasol _____	cc IM	_____	cc IM

Payment Method: Cash Credit Card Voucher

**\*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 \_\_\_\_\_

## 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 fracture 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.