



940-566-5551 www.texasforthem.org Like us on Facebook!

Owner's Name	Date
Address	City, State, Zip
Phone 1 Phone 2	Have you visited a TCAP  Email clinic before? ☐ Yes ☐ No
have read the anesthetic release on the back of this form and understand the risks invanimal(s). TCAP is a low cost service program that provides care for animals belor service provider. By visiting TCAP and using its services, I acknowledge that my bucare and sterilization achievable and affordable to those who would otherwise be verify that I lack sufficient means to provide medical care for my pet at a traditional	olved. I also understand the procedures I must follow to handle any emergencies and after care of my iging to individuals or groups with insufficient resources to purchase the same care from a full idget will not allow me to use a full service veterinary hospital. TCAP works to make preventative unable to afford it through the generosity of grants and donations. By signing this document 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	<u>Dental Services</u>
Den Oct Oct Mela Ferrela	Feline & Stage 1 Canine Cleaning \$100.00
Dog Cat Sex: Male Female	Stage 2 Canine Cleaning \$120.00 Stage 3 Canine Cleaning \$140.00
Name:	Stage 5 Carline Cleaning \$140.00 Over 50 lbs. \$15.00
	Pain Injection Cat: \$5.00 Dog: \$10.00
Breed: Weight:	Pain Med Combo (Injection & Gabapentin/onsior/carprofen) \$15.00
	Antibiotics \$15.00
Color Age:	Dental Surgery \$25.00
	Toothbrush Kit \$12.00
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 do	Extractions  Major Number \$20.00
not perform pre-anesthetic blood work.	Des Major Number \$20.00 Minor Number \$10.00
	Maximum \$60.00
I understand I should provide pre-surgical radiographs (dental x-ray	/S) Canine Vaccinations
to check for pre-existing pathology. I understand that TCAP does no	Rabies (Right Hip) subQ Tag Number \$5.00
perform pre-surgical radiographs.	DAPPv (Left Hip) subQ \$10.00
	Bordetella (Intranasal) \$10.00
I understand extractions may be necessary, and I authorize this proced	Lyrrie (right Shoulder) subQ
Does your pet have any history of medical problems ? Yes No	Leptospirosis (Right Shoulder) subQ \$10.00
	Canine Influenza H3N8/H3N2 (Right Shoulder) subQ \$20.00 Heartworm Test* ( Pos / Neg ) \$20.00
If yes, explain:	I decline HW Test/Prev
	If result is positive, dental cleaning will be declined.
Is your pet on any medication? Yes No	Feline Vaccinations
	Rabies (Right Hip) subQ Tag Number \$5.00  EHCPCh (Left Hip) subQ \$10.00
If yes, explain:	FHCPCh (Left Hip) subQ \$10.00 \$10.00 \$10.00
	FeLV / FIV Test ( Pos / Neg ) \$20.00
Does your pet have any drug or other allergies ? Yes No	If result is positive, dental cleaning will be declined.  Do / do not euthanize.
If yes, explain:	Miscellaneous Services and Products
	Dewormer - Strongid-T 50mg/mL mLs \$5.00
	Dewormer - Droncit 56.8mg/mL
Are your pet's vaccinations up to date?  Yes  No	Bravecto (Canine - Oral) \$45.00
If yes explain:	Bravecto (Feline - Topical) \$45.00 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
Has your pet had professional dental care? Yes No	Chlorazinc Rinse \$10.00
If yes, explain:	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
-	Trifexis 5-10 11-20 21-40 41-60 61-120 \$110.00 Nail Trim \$5.00
When was your pet's last professional cleaning?	HomeAgain Microchip \$20.00
Has your pet been ill or injured in the past 30 days? Yes No	Cat Carrier \$5.00
If we explain:	Intestinal Parasite Exam \$15.00
If yes, explain:	Penicillin Injection mLs \$5.00
	Custom ID Tag \$6.00
	Other \$
	Total Charges
Votorinarian Signaturo	Payment Method: Cash Credit Card Voucher
Veterinarian Signature Texas License Number	

\*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 \_\_\_

Tour Gobyt Electricou Hubico Tubellio

## PO Box 77016 Fort Worth, Texas 76177

Metacam

cc SQ

Euthasol

cc IM



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1 Year USDA Licensed Rabies Vaccine

Rabies Revaccination Due Date \_

Owner's Name								Date			
Address	-					City, State,	Zip				
Phone 1			Pho	ne 2		Email			Have you visit	ed a TCAP	
I have read the a animal(s). TCAP service provide care and steriliz I verify that I lac	inesthetic release is a low cost se r. By visiting TC cation achievable k sufficient mea	e on the back of the crice program the AP and using its sele and affordable one to provide mediant.	•			I also understand the proced to individuals or groups wi will not allow me to use a fu le to afford it through the inary clinic. Please signing b					
						Eme					
		PET INFORMA	ATION			<u>Dental Services</u> Feline & Stage 1 Canine Cleaning \$100.00					
Do	og Cat	t	Sex: N	Иale	Female	Stage 2 Car		eaning		\$100.00 \$120.00	
Name:				Temp:		Stage 3 Car	ine Cleaning			\$140.00	
Name.				_ Temp.		Over 50 lbs.		Cat:	\$5.00 Do	\$15.00 a: \$10.00	
Breed:				Weight	:	Pain Med C	ombo (Injection	& Gabapentin/onsior/e	carprofen)	\$15.00	
Color				Age.		Antibiotics Dental Surg				\$15.00 \$25.00	
				- 7.go.		Toothbrush				\$12.00	
I ur	nderstand I sho	ould provide bloo	d work prior	to anesthe	sia being			Extractions			
giv	en if my pet is	morė than 5 year nesthetic blood v	rs old. I unde	erstand tha	t TCAP does	Major				\$20.00	
HOU	. репопп рге-а	nestrietic biood v	WOIK.			Minor Maximum	Number			\$10.00 \$60.00	
I ur	nderstand I sho	ould provide pre-	surgical radi	ographs (d	ental x-rays)	Waxiiiidiii	Cani	ne Vaccinations		ψ00.00	
to o	check for pre-e	xisting pathology cal radiographs.	/. I understar	nd that TCA	AP does not	Rabies (Right Hip) subQ Tag Number \$5.00					
pei	ioiiii pie-suigi	cai radiographs.				DAPPv (Lef	Hip) subQ			\$10.00	
l ur	nderstand extra	ctions may be ne	cessarv. and	I authorize	this procedure.	Bordetella (I		<b>a</b>		\$10.00 \$15.00	
			<b>,</b> ,				Lyme (Right Shoulder) subQ \$15.00 Leptospirosis (Right Shoulder) subQ \$10.00				
Does your pet	have any histo	ory of medical pro	oblems?	Yes	No	Canine Influ	Canine Influenza H3N8/H3N2 (Right Shoulder) subQ \$20.00				
If yes, explain	:					Heartworm I decline HW Test/Pro	Test* (Pos / I	Neg )		\$20.00	
						If result is positive, o	ental cleaning	will be declined.			
la vaus nat an	any madiaatia	- 2 Yes	Na				Feli	ne Vaccinations			
	any medication		No			Rabies (Rig		Tag Number		\$5.00	
If yes, explain	:					FHCPCh (Le				\$10.00 \$10.00	
						FeLV (Left F	. ,	ea )		\$20.00	
, .	, ,	g or other allergie		es No		If result is positive, of Do / do not euthal	lental cleaning	will be declined.			
If yes, explain	:							s Services and Prod			
						Dewormer -	Strongid-T 50m	ng/mLmLs	040.00	\$5.00	
Are your pet's	vaccinations u	ıp to date ?	Yes	No		Bravecto (C	Droncit 56.8mg anine - Oral)	n/mLmLs c	at: \$10.00 E	\$45.00	
If ves explain:						Bravecto (Fe	eline - Topical)			\$45.00	
ii yoo oxpiaiii.								e) 1 mo. dose \$12.00			
						Breathalyse	•	e) 1 mo. dose \$12.00	3 1110. 008	\$16.00	
Has your pet h	nad profession	al dental care?	Yes	No		Chlorazinc F				\$10.00	
If yes, explain	:					CET Oral Hy	-			\$14.00	
						Tri-Heart Plu	ıs HW Prev 5-10 11-20	\$25.00 21-40 41-60	\$30.00 61-120	\$35.00 \$110.00	
Whon was	ur not's last ===	ofossional class:	ng 2			Nail Trim	J-10 11 <b>-</b> 20	∠1- <del>7</del> 0 <del>1</del> 1-00	J 1-12U	\$5.00	
,		ofessional cleanir	<u> </u>			HomeAgain	Microchip			\$20.00	
Has your pet b	peen ill or injure	ed in the past 30	days?	Yes	No	Cat Carrier				\$5.00	
If yes, explain	:					Intestinal Pa Penicillin Inj		ml e		\$15.00 \$5.00	
						Custom ID 1		_ 11123		\$6.00	
						Other			\$_		
						Total Charges					
Mataria C	an ature			leer N	mah a s	Payment Method:	Cash	Credit Card	V	oucher	
Veterinarian Si	gnature		iexas L	icense Nu	inper						
Romp	cc IM	Ket	_ cc IM	Glyco	cc SQ			7 days to purchase n after a negative re		<u>n</u>	
				L				cine Information			
Atropine	cc SQ	Penn	_ cc SQ	Yobine	cc IM		Nobivac Merck Anir	nal Health			

## PO Box 77016 Fort Worth, Texas 76177

## **VETERINARIAN COPY**

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Rabies Revaccination Due Date \_

Owner's Name						Date	
Address						City, State, Zip	
Phone 1							and a TOAD
have read the a inimal(s). TCAP ervice provider are and steriliz verify that I lac	naethatic ral	ease on the hack	of this form and u	inderstand th	a rieke involvad	. I also understand the procedures I must follow to handle any emergencies ar to individuals or groups with insufficient resources to purchase the sam will not allow me to use a full service veterinary hospital. TCAP works to not afford it through the generosity of grants and donations. By signin rinary clinic. Please signing below, you understand and choose to have the pro	nd after care of m
Signature:						Emergency Post Dental Cleaning Phone Number	: (940) 395-4306
		PET INFO	RMATION			<u>Dental Services</u> Feline & Stage 1 Canine Cleaning	\$100.00
Do	og	Cat	Sex:	Male	Female	Stage 2 Canine Cleaning	\$120.00
Nama				Tomp		Stage 3 Canine Cleaning	\$140.00
Name:				- remp:		Over 50 lbs.	\$15.00 Dog: \$10.00
Breed:				Weight	:	Pain Injection Cat: \$5.00 Pain Med Combo (Injection & Gabapentin/onsior/carpro	Dog: \$10.00 ofen) \$15.00
						Antibiotics	
Color				_ Age:		Dental Surgery	\$25.00
						Toothbrush Kit	\$12.00
		should provide I				Extractions	
		t is more than 5		erstand that	TCAP does	Major Number	\$20.00
not	ı pertorm pr	e-anesthetic blo	od work.			Minor Number	\$10.00
						Maximum	\$60.00
		should provide   e-existing patho				<u>Canine Vaccinations</u>	
per	rform pre-si	urgical radiograp	hs.	na that i or	u 4005 110t	Rabies (Right Hip) subQ Tag Number	\$5.00
						DAPPv (Left Hip) subQ	\$10.00 \$10.00
Lur	nderstand ex	xtractions may be	e necessary, and	I authorize t	this procedure.	Bordetella (Intranasal) Lyme (Right Shoulder) subQ	\$10.00
			<b>,</b> ,			Leptospirosis (Right Shoulder) subQ	\$10.00
Does your pet	t have any h	nistory of medica	al problems?	Yes	No	Canine Influenza H3N8/H3N2 (Right Shoulder) subQ	\$20.00
If you ovalain						Heartworm Test* ( Pos / Neg )	\$20.00
ii yes, expiaiii.						I decline HW Test/Prev	
Is your pet on	anv medica	ation ? Yes	s No			Feline Vaccinations	
	•					Rabies (Right Hip) subQ Tag Number	\$5.00
if yes, explain:	:					FHCPCh (Left Hip) subQ	\$10.00 \$10.00
						FeLV (Left Hip) subQ	\$20.00
Does your pet	t have any o	drug or other alle	ergies ? Ye	es No	)	FeLV / FIV Test ( Pos / Neg )  If result is positive, dental cleaning will be declined.	Ψ20.00
If ves explain						Do / do not euthanize.	·
ii yes, explain.						Miscellaneous Services and Products	
						Dewormer - Strongid-T 50mg/mL mLs	\$5.00
Are your pet's	vaccination	ns up to date?	Yes	No		Dewormer - Droncit 56.8mg/mL mLs cat: \$10 Bravecto (Canine - Oral)	0.00 Dog:\$15.00 \$45.00
		•				Bravecto (Feline - Topical)	\$45.00
If yes explain:						Effitix Plus Flea Prev. (canine) 1 mo. dose \$12.00 3 mo	
						Effipro Plus Flea Prev. (feline) 1 mo. dose \$12.00 3 mc	o. dose \$30.00
Has your not h	had profess	ional dental care	e? Yes	No		Breathalyser Plus	\$16.00
nas your pet i	nau profess	ional dental care	e ! 168	NO		Chlorazinc Rinse	\$10.00
If yes, explain:	:					CET Oral Hygiene Kits	\$14.00
							0.00 \$35.00
						Trifexis 5-10 11-20 21-40 41-60 61-12 Nail Trim	20 \$110.00 \$5.00
When was you	ur pet's last	professional cle	eaning?			HomeAgain Microchip	\$20.00
Has your pet b	been ill or ir	njured in the pas	t 30 davs?	Yes	No	Cat Carrier	\$5.00
			•			Intestinal Parasite Exam	\$15.00
if yes, explain:	:					Penicillin Injection mLs	\$5.00
						Custom ID Tag	\$6.00
						Other	\$
						Total Charges	
√eterinarian Si	ignature		Texas I	icense Nur	mber	Payment Method: Cash Credit Card	Voucher
		17.1				*You have 7 days to purchase hear	
Romp	cc IM	Ket	cc IM	Glyco	cc SQ	prevention after a negative result. Rabies Vaccine Information	
Atropine	cc SQ	Penn	cc SQ	Yobine	cc IM	Nobivac	
						Merck Animal Health 1 Year USDA Licensed Rabies Vaccin	10
Metacam	cc SQ	Euthasol	cc IM	1	cc IM	i Tear USDA Licensed Rables Vaccin	ie .

## 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.