

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 surgical release on the back of this form and understand the risks involved. I understand my pet will receive a small tattoo on his/her underside to show he/she has been sterilized. 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. By signing below, you understand and choose to have the procedure performed.

Signature: \_\_\_\_\_ Emergency Post Operative Care Phone Number: (940) 395-4306

To the best of my knowledge, my animal does not have any pre-existing health conditions. \_\_\_\_\_

Pet 1	Dog	Cat
Name:	_____	
Breed:	_____	
Color:	_____	Weight: _____
Sex:	Male	Female
Age:	_____	
<b>Sterilization</b>		
_____	Canine Under 50 lbs.	\$55.00
_____	Canine 50 - 80 lbs.	\$65.00
_____	Female Feline OHE	\$45.00
_____	Male Feline Castration	\$35.00
_____	Feral Feline Sterilization (Must be in a trap and receive an ear tip)	\$20.00
<b>Ear Tip (I understand this cat will receive an ear tip) _____</b>		
<b>Associated Surgery Fees</b>		
_____	In heat female	\$10.00
_____	Pregnant female	Early \$20.00 Advanced \$40.00
_____	Crypt orchid male	Flank \$20.00 Abdominal \$40.00
<b>Post Operative Options</b>		
_____	Pain Injection	Cat: \$5.00 Dog: \$10.00
_____	Pain Med Combo (injection & gabapentin/onsior/carprofen)	\$15.00
_____	Antibiotics	\$15.00
_____	E-Collar	\$10.00
<b>I decline the e-collar for my pet although I understand TCAP recommends them for all post-operative pets.</b> _____		
<b>Canine Vaccinations</b>		
_____	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
<b>I decline HW Test/Prev _____</b>		
<b>If result is positive, surgery will be declined.</b>		
<b>Feline Vaccinations</b>		
_____	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
<b>If result is positive, surgery will be declined.</b>		
<b>Do / do not euthanize.</b> _____		
<b>Miscellaneous Services and Products</b>		
_____	Dewormer - Strongid-T 50mg/mL _____ mLs	\$5.00
_____	Dewormer - Droncit 56.8mg/mL _____ mLs	Cat: \$10.00 Dog: \$15.00
_____	Tri-Heart Plus HW Prev	\$25.00 \$30.00 \$35.00
_____	Trifexis 5-10 11-20 21-40 41-60 61-120	\$110.00
_____	Bravecto (Canine)	\$40.00
_____	Bravecto (Feline)	\$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
_____	Nail Trim	{Last Flea Treatment} \$5.00
_____	HomeAgain Microchip	{Last Flea Treatment} \$20.00
_____	Cat Carrier	\$5.00
_____	Custom ID Tag	\$6.00
_____	Intestinal Parasite Exam	\$15.00
_____	Penicillin Injection _____ mLs	\$5.00
_____	Other _____	\$ _____

Pet 2	Dog	Cat
Name:	_____	
Breed:	_____	
Color:	_____	Weight: _____
Sex:	Male	Female
Age:	_____	
<b>Sterilization</b>		
_____	Canine Under 50 lbs.	\$55.00
_____	Canine 50 - 80 lbs.	\$65.00
_____	Female Feline OHE	\$45.00
_____	Male Feline Castration	\$35.00
_____	Feral Feline Sterilization (Must be in a trap and receive an ear tip)	\$20.00
<b>Ear Tip (I understand this cat will receive an ear tip) _____</b>		
<b>Associated Surgery Fees</b>		
_____	In heat female	\$10.00
_____	Pregnant female	Early \$20.00 Advanced \$40.00
_____	Crypt orchid male	Flank \$20.00 Abdominal \$40.00
<b>Post Operative Options</b>		
_____	Pain Injection	Cat: \$5.00 Dog: \$10.00
_____	Pain Med Combo (injection & gabapentin/onsior/carprofen)	\$15.00
_____	Antibiotics	\$15.00
_____	E-Collar	\$10.00
<b>I decline the e-collar for my pet although I understand TCAP recommends them for all post-operative pets.</b> _____		
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_____	FeLV / FIV Test (Pos. / Neg.)	\$20.00
<b>If result is positive, surgery will be declined.</b>		
<b>Do / do not euthanize.</b> _____		
<b>Miscellaneous Services and Products</b>		
_____	Dewormer - Strongid-T 50mg/mL _____ mLs	\$5.00
_____	Dewormer - Droncit 56.8mg/mL _____ mLs	Cat: \$10.00 Dog: \$15.00
_____	Tri-Heart Plus HW Prev	\$25.00 \$30.00 \$35.00
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_____	Nail Trim	{Last Flea Treatment} \$5.00
_____	HomeAgain Microchip	{Last Flea Treatment} \$20.00
_____	Cat Carrier	\$5.00
_____	Custom ID Tag	\$6.00
_____	Intestinal Parasite Exam	\$15.00
_____	Penicillin Injection _____ mLs	\$5.00
_____	Other _____	\$ _____

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

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

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

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

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

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Pet 1	Dog	Cat
Name:	_____	_____
Breed:	_____	Temp: _____
Color:	_____	Weight: _____
Sex:	Male Female	Age: _____
<b>Sterilization</b>		
_____	Canine Under 50 lbs.	\$55.00
_____	Canine 50 - 80 lbs.	\$65.00
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_____	Male Feline Castration	\$35.00
_____	Feral Feline Sterilization (Must be in a trap and receive an ear tip)	\$20.00
<b>Ear Tip (I understand this cat will receive an ear tip) _____</b>		
<b>Associated Surgery Fees</b>		
_____	In heat female	\$10.00
_____	Pregnant female	Early \$20.00 Advanced \$40.00
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<b>Post Operative Options</b>		
_____	Pain Injection	Cat: \$5.00 Dog: \$10.00
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_____	Antibiotics	\$15.00
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<b>Canine Vaccinations</b>		
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_____	Heartworm Test* (Pos. / Neg.)	\$20.00
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_____	Dewormer - Strongid-T 50mg/mL _____ mLs	\$5.00
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_____	Penicillin Injection _____ mLs	\$5.00
_____	Other _____	\$ _____

Pet 2	Dog	Cat
Name:	_____	_____
Breed:	_____	Temp: _____
Color:	_____	Weight: _____
Sex:	Male Female	Age: _____
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_____	Cat Carrier	\$5.00
_____	Custom ID Tag	\$6.00
_____	Intestinal Parasite Exam	\$15.00
_____	Penicillin Injection _____ mLs	\$5.00
_____	Other _____	\$ _____

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

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

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

Payment Method: Cash Credit Card Voucher

Romp 20 mg/mL	_____ cc IM	Ket 100 mg/mL	_____ cc IM	_____ cc _____
Atropine 1/120 Grain	_____ cc SQ	Penn	_____ cc SQ	Yobine 2 mg/mL _____ cc IM
Ketoprofen 100 mg/mL	_____ cc SQ	Euthasol	_____ cc	Met 5 mg/mL _____ cc SQ

Romp 20 mg/mL	_____ cc IM	Ket 100 mg/mL	_____ cc IM	_____ cc _____
Atropine 1/120 Grain	_____ cc SQ	Penn	_____ cc SQ	Yobine 2 mg/mL _____ cc IM
Ketoprofen 100 mg/mL	_____ cc SQ	Euthasol	_____ cc	Met 5 mg/mL _____ cc SQ

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

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<b>Pet 1</b>	Dog	Cat
Name: _____		
Breed: _____		Temp: _____
Color: _____		Weight: _____
Sex: _____	Male	Female
	<b>Sterilization</b>	
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_____	In heat female	\$10.00
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_____	Crypt orchid male	Flank \$20.00    Abdominal \$40.00
	<b>Post Operative Options</b>	
_____	Pain Injection	Cat: \$5.00    Dog: \$10.00
_____	Pain Med Combo (injection & gabapentin/onsior/carprofen)	\$15.00
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	<b>Canine Vaccinations</b>	
_____	Rabies (Right Hip) subQ	Tag Number: _____ \$5.00
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_____	Other _____	\$ _____

<b>Pet 2</b>	Dog	Cat
Name: _____		
Breed: _____		Temp: _____
Color: _____		Weight: _____
Sex: _____	Male	Female
	<b>Sterilization</b>	
_____	Canine Under 50 lbs.	\$55.00
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Total Charges \_\_\_\_\_

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

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

Payment Method:      Cash      Credit Card      Voucher

Romp 20 mg/mL	_____ cc IM	Ket 100 mg/mL	_____ cc IM	_____	_____ cc
Atropine 1/120 Grain	_____ cc SQ	Penn	_____ cc SQ	Yobine 2 mg/mL	_____ cc IM
Ketoprofen 100 mg/mL	_____ cc SQ	Euthasol	_____ cc	Met 5 mg/mL	_____ cc SQ

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Ketoprofen 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. I also understand the procedures I must follow to handle any emergencies and after care of my animal(s).

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.