

Spay / Neuter Voucher Luv 4 Paws Fund, Inc.

130 Millhaven Road-Girard, Ga 30426

BJ Dalhover 478-569-9599 & PA Walden 478-377-5313



YOUR NAME: _____ STREET ADDRESS: _____

PHONE: _____ CITY-STATE-(COUNTY)-ZIP _____

I hereby consent and authorize **Dr. Pat M. Dyar, DVM** to receive, prescribe for, treat and operate upon:

Pet Information: (Please enter your Pets information below & check appropriate responses)

SPECIES: Dog ___ Cat ___ Sex: M ___ F ___ NAME: _____ AGE: _____

COLORING: _____ BREED: _____ APROX. WEIGHT: _____

NEEDS RABIES SHOT: Yes ___ No ___ You must furnish your rabies certificate at the time of surgery or you pet will receive a rabies shot, in accordance with Georgia State Law..

The above described pet lives at my home address and is my personal pet/barn cat and I attest that the above information is true and correct to best of my knowledge. I agree that a Luv 4 Paws Fund representative may contact me to schedule a time to talk with me about my pet/barn cat and to verify that the animal is mine. No animals accepted with any connection to rescue organizations or rescue organization personnel. I understand my pet may have pre-existing health conditions which may be apparent at the time of surgery and could increase anesthetic and post-surgical recovery risk I also understand preoperative lab work such as CBC, BMP, EKG, etc will not be preformed before surgery. I am agreeable to this. I also understand that if my pet is in heat, she will be spayed. I also hereby consent to pre-surgical rabies immunization, if I do not have proof of a current rabies certificate at the time of surgery. I hereby understand members and (or) volunteers of LUV 4 PAWS FUND and the Veterinarian & staff performing surgery will take all reasonable precautions against injury, escape or other destruction of the animal (s). I also understand members and (or) volunteers of LUV 4 PAWS FUND and the Veterinarian facility & ALL staff performing surgery will not be held liable or responsible in any manner or otherwise in connection therewith and it is understood that I assume all risks.

I hereby agree to participate in this program, assume all risks and voluntarily agree to this waiver of liability. *I have read all of the above document and agree to all terms and conditions set forth...* I also certify that this is my personal pet./barn cat

****(PET OWNER SIGNATURE REQUIRED)* _____ DATE: _____ ***

Date Approved: _____ Date Rejected: _____ Signature of Secretary: Patricia A. Walden

Appointment Date: _____ Appointment Time: 08:45am - 09:00 am

VETERINARIAN INFORMATION TO BE COMPLETED BY CLINIC:

PET'S NAME: _____ DATE OF SURGERY _____ ANIMAL WEIGHT: _____

Rabies Vaccine administered: YES: ___ NO: ___ (IF NO, EXPLAIN) Too young ___ Had proof of vaccination _____

I HEREBY ATTEST SPAY/NEUTER & NECESSARY IMUNZATION OF THIS ANIMAL WAS COMPLETED.

SIGNATURE OF VETERINARIAN: DR _____ DVM DATE: _____

