

Tri-County Animal Rescue Center
9562 Route 322
Shippenville, PA 16254
(814) 918-2032
www.tricounty-arc.org

Tri-County Animal Rescue Center Spay/Neuter Clinic

Drop-off time: Drop-off time for your pet(s) will be at approximately 6:00AM. Please allow 30 minutes for check-in.

Pick Up: Please make arrangements to pick up your pet(s) between 3:00-6:00PM the same day of surgery (you will receive a phone call late afternoon on the day of surgery with the exact time).

Animals may have NO FOOD OR WATER after 12 Midnight the night before surgery.

Carrier: Please line your carrier with newspaper or a towel/material that you won't mind if we have to throw it away. Do not put anything else in the carrier, such as toys or bowls, etc.

Please label your carrier with your name and phone number. You may tape a piece of paper to the carrier or write directly on the carrier with permanent marker.

Clinic paperwork (application and surgical release form) must be turned in and paid in full before clinic date. There will be no refunds if you cancel or do not show up for the clinic. If you are paying by check, please bring your photo ID. We accept checks or money orders. No credit cards accepted.

**If you have any questions,
please call (814) 918-2032 or
email [spayneuter@ tricounty-arc.org](mailto:spayneuter@tricounty-arc.org)**

**Tri-County Animal Rescue Center
LOW COST PET SPAY/NEUTER CLINIC FEE SCHEDULE**

KEEP THIS PAGE – IT IS FOR YOUR INFORMATION

DOGS:	Male Neuter	\$95.00	CATS:	Male Neuter	\$55.00
	Female Spay	\$105.00		Female Spay	\$65.00

(Prices include transportation to clinic)

There may be additional charges if your pet is pregnant. Please be prepared to pay any extra fees at the time of pick-up.

All Surgeries Include Rabies Vaccination!

ALL SURGERIES MUST BE SCHEDULED IN ADVANCE. ALL SURGERIES MUST BE PRE-PAID. PAYMENT IS ACCEPTED BY MAIL OR IN PERSON WITH CHECK OR MONEY ORDER. THERE WILL BE A \$35 CHARGE ON ANY RETURNED CHECK. A CURRENT PHOTO ID MUST BE PRESENTED. NO SURGERY WILL BE PERFORMED OR VACCINATIONS OR TESTS ADMINISTERED UNLESS PAID IN FULL IN ADVANCE, other than unknown pregnancy termination, hernia repair or the procedure for undescended testicles. ALL PETS should be at least 20 weeks of age and in good health. Pets must be dropped off and picked up in a proper animal carrier, preferably not made of soft material, with your name, address, contact information (including phone number) attached to the carrier. We reserve the right to refuse service if animal is inappropriately confined.

Remember: Only one pet per carrier.

APPOINTMENTS: When we receive your application with payment, we will assign you a surgical date.

FAILURE TO SHOW UP FOR YOUR APPOINTMENT WILL RESULT IN BEING MOVED TO THE END OF THE WAITING LIST.

Please be available between 3:00PM and 6:00PM to pick up your pet. Times may vary based on your pet's recovery; you will receive a phone call when your pet is ready to go home.

Any pet not claimed at the end of the day will be considered abandoned and appropriate action will be taken. It is the owner's responsibility to be sure that any animal presented for surgery is clean and in good health. We strongly urge that your pet be examined by your regular veterinarian at least annually for vaccinations and preventative health care. The staff reserves the right to refuse to perform surgery on any animal they deem as a poor surgical risk or for any other reason. Tri-County Animal Rescue Center and its veterinary agents are unable to provide ANY post-surgical care. You will be responsible for any postoperative care at your expense. All surgeries are performed by a licensed, accredited veterinarian.

Thank you for helping fix the pet overpopulation problem by fixing your pet!

For questions, email spayneuter@tricounty-arc.org or call (814) 918-2032

ALL applications must be received at least 7 days prior to the clinic date.

LOW COST PET SPAY/NEUTER APPLICATION

Dog

Cat

Owner's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ (____) _____ Work/Cell: _____ (____) _____

Email Address: _____

Pet's Name: _____ Pet's Age: _____ Weight (approx.): _____

Sex: Male Female Breed: _____ Color: _____

Does your pet live? Inside Outside Both

Is your pet? Easy to handle Difficult to handle

Is your pet pregnant? Yes No Unsure (we do spay pregnant animals)

Has your pet recently had a litter? No Yes Date litter born: _____

Please list any current health problems and medications: _____

How many pets do you own? Dogs: _____ Cats: _____ Other (please specify): _____

Are they spayed or neutered? _____

Has your pet had any vaccinations? _____ If so, when and what? (please provide proof if possible)

Written Signature

All surgeries include rabies vaccination.

Total \$_____. I have enclosed my check/money order (please do not send cash).

No surgeries will be performed without payment in full. Photo ID will be required.

Did you: ___ Enclose Tri-County Animal Rescue Center Surgical Release Form?

Mail the application and fees to: Tri-County Animal Rescue Center, 9562 Route 322, Shippenville, PA 16254. Make checks or Money Orders payable to Tri-County Animal Rescue Center.

All fees are non-refundable.

SURGICAL RELEASE FORM

RETURN THIS PAGE TO TRI-COUNTY ANIMAL RESCUE CENTER

- I, acting as owner or agent of the pet(s) previously named, hereby request and authorize Tri-County Animal Rescue Center through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal(s) named on the application. I declare under penalty of perjury that I care for the pet(s) listed, and/or that I am properly authorized to present the pet(s) for the indicated surgery.
- I recognize and understand the risks inherent to anesthesia and surgery, particularly for pet(s) that are pregnant, in heat, injured, sick, and/or have no medical history available, are ill or have heartworms. I understand the slightly higher risk inherent to the injectable anesthesia that will be used versus gas anesthesia. I understand that both types of anesthesia are acceptable forms of sedation. I understand that Tri-County Animal Rescue Center's veterinary agent may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work and waive my right to have this service performed prior to surgery. By presenting the pet(s) for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery.
- I understand that my animal will be rabies vaccinated, at no additional charge, if I cannot provide proof of a current rabies vaccination. I understand that it takes up to two weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I certify that my animal is in good health and has had no food or water since 12:00 midnight the evening prior to surgery.
- I understand that Tri-County Animal Rescue Center's veterinary agent has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- Any pet not claimed at the end of the day will be considered abandoned and appropriate action will be taken by the Tri-County Animal Rescue Center.
- Tri-County Animal Rescue Center's designated veterinarians are unable to provide ANY post-surgical care. I will be responsible for any postoperative care at my expense. All surgeries are performed by a licensed, accredited veterinarian.
- I hereby release Tri-County Animal Rescue Center, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. Owner/agent hereby agrees to indemnify and not hold Tri-County Animal Rescue Center liable for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

Print Name: _____ Date: _____
Phone: _____
Signature: _____ Alt. Phone: _____

Street Address

City, State, Zip