



# Application for Spay/Neuter

2215 Keeneland Commercial Blvd, Murfreesboro, TN 37127

Mail Form to: PO Box 1886, Murfreesboro, TN 37133-1886

Beesley Animal Clinic: [beesleyhumane@gmail.com](mailto:beesleyhumane@gmail.com) P:615-890-6878 [www.beesleyanimalclinic.com](http://www.beesleyanimalclinic.com)

**Owner:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_  Dog  Cat Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

**Est. Weight** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

1. Has the Animal been to the veterinarian within the last 30 days?  No  Yes (regular checkup)  Yes (vaccines)  Yes (sick/injured)  
(Please describe below) \*

2. Has the Animal had any previous surgeries?  No  Yes (Please describe below) \*

3. Has the Animal been eating/drinking normally?  No  Yes

4. Does the Animal have any current medical/health conditions (check all that apply)?  No  Coughing  Sneezing  Vomiting  Diarrhea  
 Lethargy  Vaccine reactions  Allergies  Other condition (Please describe below) \*

5. Is the Animal on any medication and/or supplements including preventatives?  No  Yes Please list \_\_\_\_\_

\*Describe any medical conditions or prior surgeries: \_\_\_\_\_ Initial \_\_\_\_\_

Do you have a full service vet?  No  Yes Were you referred by a vet? If so, which one \_\_\_\_\_

By signing below, I attest that all the above is true to the best of my knowledge,

PET OWNER/AGENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**SPAY/NEUTER SURGERY – Must be prepaid (including vaccinations, other services) prior to scheduling.**

**We accept cash, checks and credit/debit cards (4% service fee added) NO REFUNDS**

**All patients will be given a pre surgery exam the day of surgery**

**DOGS: (nail trim, pain injection, e-collar & post op pain medicine included)**

NEUTER-MALE- Castration

Up to 35 lbs. \$80

36 – 70 lbs. \$90

71 – 80 lbs. \$105

*Cryptorchidism - post surgery simple \$25, complicated up to \$100*

Umbilical Hernia Repair post surgery \$20-\$50

SPAY-FEMALE-Ovariohysterectomy

Up to 35 lbs. \$90

36 – 70 lbs. \$100

71 – 80 lbs. \$110

*Heat/Pregnancy/Pyometra(diseased uterus) \$30 post surgery fee*

*PLUS cost of antibiotics*

**CATS: (pain injection & post op pain medicine included – e-collar available upon request)**

Neuter – Male (Castration) \$50

Spay - Female (Ovariohysterectomy) \$55

*Pregnancy \$30 Post Surgery Fee*

Nail trim (inside cats ONLY) \$0

*Feral/Community Cat \$30 (includes both vaccinations, ear tip and sterilization)*

**DOGS: Requested Vaccines and Services**

Rabies 1yr \$15 (required for surgery)

Rabies 3yr \$30 (must have received a 1yr Rabies before)

Distemper/Parvo (DA2PP) \$15 (required for surgery)

Bordetella/Kennel Cough \$17

Canine Influenza \$38

4DX Heartworm Test (Heartworm, Lyme, Ehrlichiosis, Anaplasmosis) \$28

Heartworm ONLY \$10

**CATS: Requested Vaccines and Services**

Rabies 1yr \$15 (required for surgery)

Rabies 3yr \$30 (must have received a 1yr Rabies before)

Distemper (FVRCP) \$15 (required for surgery)

Leukemia (FELV)\*\* \$21

*\*\* (Need proof of negative FeLV test before vaccine can be administered)*

FeLV/FIV Test \$32

**Other Optional services during surgery**

Microchip \$12

Fecal \$20

Anal Glands \$20

Ear cleaning \$10

Ear mite swab \$25

**Dewormer -**  Strongid (roundworms, hookworms) – puppy/kitten. Starts at \$4

PPM Tri-Wormer (tapeworms, roundworms, hookworms, whipworms) Prices dependent on weight

Profender (Cats only) (tapeworms, roundworms, hookworms) Prices dependent on weight.

All dewormer will be sent home with patient to be given a few days post surgery



## REQUIREMENTS FOR SURGERY

Pets must be in good health. **HIGH RISK surgeries cannot be performed in our clinic.**

Pets must be at least 9 weeks old and weigh no less than 4 pounds and no dogs over 80 pounds. No animals over 10 years of age.

I understand that it takes up to two weeks for vaccinations to protect the animal & I [client must initial one of the options]:

\_\_\_\_\_ certify that the Animal has been vaccinated within one (1) year prior to this date (written proof of vaccinations will be required); or  
\_\_\_\_\_ request recommended vaccinations at the time of surgery, as selected above, with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days.

I understand that the operation I have elected presents some hazards, & that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risks in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery, I understand & accept these risks to the Animal.

I understand the inherent risks of failing to maintain current vaccinations & waive all claims arising out of, or connected with, an illness contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.

I understand that BAF &/or any BAF Party has the right to refuse any service &/or procedure at any animal for any reason, including but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian. **We encourage surgical patients to have blood work performed with a full service vet prior to surgery.**

I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at the clinic. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.

I understand that if the Animal is an acceptable surgical &/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal's gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.

### **PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, & INFORMATION ABOUT YOUR ANIMALS TREATMENT BELOW**

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREED TO THE TERMS IN THIS AGREEMENT AND ALL ATTACHMENTS**

SIGNATURE OF OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE: \_\_\_\_\_

### **ADDITIONAL IMPORTANT TERMS, CONDITIONS & INFORMATION REGARDING YOUR ANIMALS TREATMENT**

- I will provide recovery space that is clean, indoors, warm & dry. I will provide proper post surgery monitoring & care for the Animal, including but not limited to, the care described in the *Post-Operative Instructions*. If I suspect the Animal has any post operative complications, I agree to follow *the Post-Operative Instructions* that will be provided to me upon discharge.
- I understand that I, or someone authorized by me, must pick up the Animal from the clinic by the designated time given by the Medical staff. If I do not pick up the Animal at by the designated time, I agree to pay a \$15 fee for late pickup.
- I understand & agree that the BAF & BAF Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedures(s) to be performed on the Animal &/or any vaccinations to be given the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & BAF, & (E.) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.