



Operation Pets Alive
Spay and Neuter Program
Veterinarians and Rescue Groups working together to save lives

Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Email address: \_\_\_\_\_

DOG INFO: Male \_\_\_ Female \_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_
Age \_\_\_ Years \_\_\_ Months How long owned \_\_\_\_\_ Vaccinations Current? Y N Heartworm Preventative? Y N
Rabies certificate will be presented? Y N Need Rabies Vaccination? Y N Microchipped Y N
Has your dog been aggressive with strangers or veterinarians? Y N

Pets Name \_\_\_\_\_ Pet is kept? Indoor Outdoor Both
Pet known to be allergic to any medications or anesthesia Y N If so, what kind? \_\_\_\_\_

Ever had a pet "fixed" before? Y N Ever used a veterinarian before? Y N
Has this pet had litter(s) before? Y N If so, how many times? \_\_\_\_\_
Have you bred this pet? Y N Is this dog pregnant? Y N In heat? Y N

Heard about us? (Circle one) Newspaper Flyers Friend Animal Control/ Humane Society Social Services Signs Other

Pet Obtained? (Circle one) Born in my home Stray From a friend Shelter Breeder Parking lot or Roadside Giveaway Other
Did you pay for your pet? Y N How much? \_\_\_\_\_

Annual Household Income? (Circle) <\$12,000 \$12,000-\$18,000 \$18,000-\$24,000 \$24,000- \$40,000 \$40,000 and above
Are you on financial assistance (EBT or Wic, Medicaid, Medicare, Supplemental Security Income Program, Unemployment)

Owner Comments: \_\_\_\_\_

I UNDERSTAND THAT ALL SURGERY AND ANESTHESIA CARRIES RISKS, and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risks of abnormal bleeding or death. I understand that animals of advanced age, that have heartworm disease or that have never been vaccinated carry increased risks. I agree not to hold the participating veterinarian(s) or their representative(s), the participating animal rescue group or their representative(s), and volunteers or the facility liable for damages. If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed. If I choose to use the services of an emergency clinic I understand that I will do so at my own expense. I certify that all information regarding my animal and my income is correct and true to the best of my knowledge.

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Spay or Neuter \_\_\_ \$30.00 for those needing assistance or making yearly income of \$40,000 or less – PLAN A
Spay or Neuter \_\_\_ \$80.00 for those with a yearly income of \$40,000 or above- PLAN B
Rabies \_\_\_\_\_ \$10.00
DHLPP \_\_\_\_\_ \$15.00
Microchipped \_\_\_\_\_ \$35.00
Heartworm test \_\_\_ \$20.00
In heat \_\_\_ \$ 10.00
Late term pregnancy \_\_\_ \$ 35.00
Dogs over 10 yrs old- Bloodwork \_\_\_ \$65.00
Total \_\_\_\_\_ \$ \_\_\_\_\_
Paid by Cash \_\_\_ Money Order \_\_\_ Credit Card – Visa- Mastercard- American Express
Check made out to OPA \_\_\_ Credit Card Number \_\_\_\_\_
Expiration date \_\_\_\_\_
CVV Number \_\_\_\_\_

Credit card charges will be charged to your account and a confirmation email will be sent