



**CLARION PAWS/ALLEGHENY SPAY NEUTER LOW COST  
DOG SPAY NEUTER CLINIC-PET DOGS**  
814-791-9010 or [spayneuterclinic@clarionpaws.org](mailto:spayneuterclinic@clarionpaws.org)

22592 Route 68, Clarion PA 16214  
WWW.CLARIONPAWS.ORG

**APPLICATION FOR SPAY/NEUTER SURGERY**

Owners' Full Name \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Pets Name \_\_\_\_\_ Pets Age \_\_\_\_\_ \*  
Breed \_\_\_\_\_ Color(s) \_\_\_\_\_ Approx. weight \_\_\_\_\_  
My Dog lives  Inside  Outside  Both. Is your dog  Easy to handle  Difficult to handle  
Is your dog Pregnant?  Yes  No  Unsure (we do spay pregnant animals but there is a risk involved)  
Has your pet recently had a litter?  No  Yes-Date litter born \_\_\_\_\_  
**Has your pet been:** Sneezing Coughing Diarrhea Seizures Vomiting  
Drinking Excessively Other \_\_\_\_\_

**I authorize the following services:**

Male Dog Neuter \$90.00  Female Dog Spay \$105.00 Total for surgery \_\_\_\_\_  
\_\_\_\_\_ Signature

**All surgeries include rabies vaccination and pain medication administered during surgery!**

\* No surgeries will be performed on dogs under 2 months of age or with serious health issues

**Additional Charge Options:**

DHLPP (Distemper) Vaccine \$10  
 Rabies Vaccine \_\_\_ 1 yr or \_\_\_ 3 yr. (price included in surgery cost) Total for vaccines \_\_\_\_\_

**Do you want us to check for the following?** Please circle. Earmites Tapeworms

**Do you want us to treat for the following if found?**

Earmites \$5.00  Tapeworms Total for mite/tapeworm treatment \_\_\_\_\_  
(0-20 lbs \$10) (21-50 lbs \$20) (51 lbs & over \$30)

**Do you want internal parasite treatment for an additional \$5?** Yes No \_\_\_\_\_

**Do you want additional pain medication for \$5?** Yes No \_\_\_\_\_

**Do you want to purchase an E-Collar for \$12?** Yes No \_\_\_\_\_

We strongly recommend the use of an E Collar to prevent your pet from chewing/licking at stitches!

Do you want to purchase a dog license Yes No \_\_\_\_\_

Do you want your dog microchipped for additional \$30? Yes No \_\_\_\_\_

**Total for surgery & additional services \$** \_\_\_\_\_

**I have enclosed my check/money order** (Please do not send cash. If cash is your only option for payment you will need to pay the day of surgery.) **No** surgeries will be performed without payment in full.

**Did you:**  Enclose proof of income  Enclose Allegheny Spay & Neuter Clinic & Clarion PAWS Release Forms **Mail application, proof of income/financial assistance, and fees to: Clarion PAWS, Route 22592, Clarion PA 16214. Make checks or Money Orders payable to Clarion PAWS. All fees are non-refundable.**

**Financial Information:** Please indicate below what type of public assistance you are currently receiving. You must submit proof of assistance for the past 30 days with your application. Please circle all that apply.

Food Stamps (SNAP) Medicaid PA Access Card

SSI or SSDI (Disability) LIHEAP Public Housing

Other \_\_\_\_\_ OR has a household income of \$3,000.00 or less per month. \_\_\_\_\_ This information is subject to verification.

**Surgeries are by appointment only. Checks/Money Orders are not cashed until the actual day of surgery.**



# SURGICAL RELEASE FORM

Pet Adoption & Welfare Society  
22592 Route 68, Clarion, PA 16214

Pet Dogs Name/Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I, the undersigned, hereby request surgical spay/neuter assistance through Clarion P.A.W.S. and declare under penalty of perjury that I care for the dog(s) listed above, and/or that I am properly authorized to present the dog(s) for the indicated surgery.**

I certify that, to the best of my knowledge, any dog(s) I present to the Clarion P.A.W.S., now or in the future, have not bitten anyone in the preceding 10 days.

I, acting as owner or agent of the pet/s named above, hereby request and authorize Pet Adoption and Welfare Society, Clarion PAWS, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the application presented for the \_\_\_\_\_(date of clinic) clinic. I recognize and understand the risks inherent to anesthesia and surgery, particularly for dog(s) that are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that Clarion PAWS' 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 dog(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 can not provide proof of a current rabies vaccination. I understand that I can request additional vaccinations/services at the time of surgery for an additional fee. 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 Clarion PAWS' 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 dog not claimed at the end of the day will be considered abandoned and appropriate legal action will be taken

Clarion PAWS and Clarion PAWS designated veterinarian's 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 Pennsylvania licensed, accredited veterinarian.

I hereby release Pet Adoption and Welfare Society, Clarion PAWS, 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. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold Pet Adoption and Welfare Society, Clarion PAWS, 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.

Initials: \_\_\_\_\_

Date: \_\_\_\_\_, 2011

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

**Surgeries are by appointment only. Checks/Money Orders are not cashed until the actual day of surgery.**

# Clarion PAWS/Allegheny Spay Neuter Clinic

## Spay/Neuter Clinic

### General Information Sheet

**Drop off time:** Drop your dog(s) off between 6:00-6:45 am at the Clarion PAWS Adoption Center. We are located across from the Clarion Mall & in behind Pizza Hut in the Klingensmith Healthcare building. Please allow 30 minutes for check-in. Your dog/s will be transported to the clinic located in Clearfield PA. Transportation to and from the clinic in Clearfield will be provided by the Animal Welfare Council of the Alleghenies/Allegheny Spay Neuter in their transport vehicle. You do have the option of transporting your own dog/dogs to and from the Clearfield clinic. You will need to advise us if you choose to provide your own transportation.

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

**Your dog(s) may have NO FOOD OR WATER after 12 Midnight the night before surgery.**

**All dogs must be on a leash OR in a hard side carrier/crate.** You must be able to restrain your dog during the check-in process. Please attach a piece of adhesive tape to your dog's collar with your name, address, and contact information (including phone number).

**Carrier/Crate:** **One dog per carrier**/hard-side crate. Carriers/crates should be large enough for your dog to stand up and turn. This is for your dog's comfort and safety. Please line your carrier/crate with newspaper or a towel/material that you won't mind if we have to throw it away. Do not put in anything else like toys, beds 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, surgical and transport release forms must be turned in and services paid in full on or 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 cash, checks or money orders. No credit cards accepted and no cash should be sent through the mail.

If you have any questions please call 814-791-9010 or contact us at Clarion PAWS, 22592 Route 68, Clarion PA 16214

#### **FEE SCHEDULE**

Male Dog Neuter \$90.00 Female Dog Spay \$105.00

***All Surgeries Include Rabies Vaccination and Pain Medication administered during the surgery which will last for approximately 12 hours!***

Additional Services available at the time of the Spay or Neuter surgery only!

**DHLPP Vaccine\* \$10.** The **DHLPP** vaccine protects against multiple diseases. "D" is for canine distemper. Distemper is one of the oldest known canine diseases. It is a severe and frequently fatal viral infection that can affect many organ systems in the body, particularly the respiratory, gastrointestinal, and nervous systems. "H" is for infectious hepatitis. This is also a viral infection, caused by canine adenovirus type 1 (CAV-1). Signs of hepatitis include fever, loss of appetite, vomiting/diarrhea, and jaundice. The disease can be fatal and is usually seen in dogs less than one year old. There is also a type 2 canine adenovirus (CAV-2) which is a respiratory virus. Modern vaccines contain CAV-2, as the immunity that develops to it also cross-protects against CAV-1 infection. "L" is for leptospirosis. Leptospirosis is a bacterial infection caused by the various forms of Leptospira bacteria. It primarily attacks the kidneys, but may also affect the liver and cardiovascular systems. "P" is for parainfluenza virus. This virus attacks the upper respiratory system and is a component of the "kennel cough" syndrome. The second "P" is for parvovirus. Canine parvovirus attacks the lining of the small intestine in unprotected dogs, producing a syndrome of loss of appetite, severe vomiting, and bloody diarrhea. Rarely, it will infect the heart muscle of very young puppies. Of all the canine diseases we vaccinate against, parvoviral infection is the most clinically significant in terms of frequency and severity of illness. \*This vaccine may need to be boosted in 3-4 weeks, by your veterinarian.

**Earmite Treatment \$5** Ear mites are a tiny spider like parasitic mite that infect the ears of dogs and cats. Usually the first symptom you notice will be your dog scratching his ears or shaking his head due to the extreme itchiness that the mites cause. His ears may be painful to touch and he may cry in pain when you touch them or while he is scratching them. He may rub his face along the ground trying to relieve the itching. You may also notice a foul odor coming from the ears.

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**Tape Worms (See weight prices on application)** Dogs can get tapeworms from fleas, mice and rodents. Tapeworms are long, flat worms that attach themselves to your dogs' intestines. A tapeworm body consists of multiple parts, or segments, each with its own reproductive organs. Tapeworm infections are usually diagnosed by finding segments—which appear as small white worms that may look like grains of rice or seeds—on the rear end of your dog, in your dog's feces, or where your dog lives and sleeps.

**Internal Parasites (Round Worms & Hook Worms) \$5** Round worms --also called ascarids are of whitish color. They look just like a piece of cooked Spaghetti, and live in your dogs intestine. They can reach up to 8" in length (20cm.), and feed off of your dogs food, in the intestine. Round worms shed eggs continually. Round worms migrate throughout the blood, into the lungs, and are coughed up, and usually re-swallowed. Sometimes the larvae can travel through the liver and brain. They can cause bloating, diarrhea and vomiting. Your dog may stop eating, after passing through a stage of over eating, and always being hungry.

Hookworms look like roundworm, but has teeth at one end, that grab onto the dogs intestine and attaches itself. It changes the attachment site at least 6 times per day. There is blood loss to feed the bloodsucking worms, but most blood is lost at the spots of detachment until they heal, thus causing anemia and iron-deficiency.

**Microchip \$30** Millions of dogs become lost each year. Tragically, few are reunited with their owners. Many lost dogs end up in shelters where they are adopted out to new homes or even euthanized. It is important that your dog has identification at all times. Collars and tags are essential, but they can fall off or become damaged. Technology has made it possible to equip your pet with a microchip for permanent identification.

**E-Collar \$12** An E-collar is a protective medical device worn by your dog. Shaped like a truncated cone, its purpose is to prevent your dog from biting or licking at its body or scratching at its head or neck while your dogs incision from surgery heals. We highly recommend that you purchase an e-collar and make sure that your dog wears it at all times to prevent complications. Remember, you are responsible for post operative medical care should your dog chew or lick at it stitches.

ALL SURGERIES MUST BE SCHEDULED BY APPOINTMENT. ALL SURGERIES MUST BE PRE-PAID. PAYMENT IS ACCEPTED BY MAIL OR IN PERSON WITH CASH, CHECK, OR MONEY ORDER. THERE WILL BE A \$25 CHARGE ON ANY RETURNED CHECK. NO SURGERY WILL BE PERFORMED OR VACCINATIONS or TESTS ADMINISTERED UNLESS PAID IN FULL BEFORE PERFORMED. WE ACCEPT CASH, MONEY ORDER OR CHECK FOR ANY PRODUCT OR SERVICE. ABSOLUTELY NO REFUNDS.

The low cost clinic will be limited to pets owned by persons who are low income and can provide proof of low income status. Low income criteria are listed on the application.

All DOGS MUST be at least 8 to 10 weeks old. **Additional exclusions: under 2 months of age or with serious health issues.** Pet dogs must be leashed or crated. If crated, crate **MUST BE** made of hard material. Please attach a piece of adhesive tape to your dogs' collar with your name, address, and contact information (including phone number). **Remember: All dogs must be on leash OR confined to a crate large enough for them to stand and turn.**

**APPOINTMENTS:** When we receive your application with payment, we will call you when we have an assigned appointment slot for your pet. **FAILURE TO SHOW UP FOR YOUR APPOINTMENT WILL RESULT IN THE LOSS OF ALL SURGICAL FEES PAID.** **Please be available between 3:00 pm and 6:00 pm to pick up your pet.** Times may vary based on your dog's recovery; you will receive a phone call when your dog is ready to go home.

Any dog not claimed at the end of the day will be considered abandoned and appropriate legal 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 go to 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. **Clarion PAWS and Allegheny Spay Neuter Clinic 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 Pennsylvania licensed, accredited veterinarian.**

THANK YOU FOR HELPING FIX THE PET OVERPOPULATION PROBLEM BY FIXING YOUR PET!

**For Appointments and questions email [spayneuterclinic@clarionpaws.org](mailto:spayneuterclinic@clarionpaws.org)**

**Mailed applications must be received at least 3 days prior to the clinic date. If there is not time to return your application by mail, please bring with you the morning of the clinic.**

Clarion PAWS is a no kill, non profit 501(c)3 charity based in Clarion, Pennsylvania. We receive no government funding. We rely on donations to provide spay/neuter to pet dogs and cats as well as feral/stray cats and to offer programs like this low cost clinic to our area. Please consider making a donation by mailing one to the address above or online through PayPal from our website. [www.clarionpaws.org](http://www.clarionpaws.org)

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Save Lives

Spay & Neuter

Allegheny Spay & Neuter Clinic  
1937 Daisy Street Ext  
Clearfield, PA 16830  
814-768-3500 Fax 814-768-3501

**ANESTHESIA CONSENT FORM**

I do hereby authorize the Allegheny Spay & Neuter Clinic to perform a procedure requiring anesthesia on my pet(s). I am aware of the risks involved and release the Animal Welfare Council of the Alleghenies, Allegheny Spay & Neuter Clinic and its employees from any legal and financial responsibilities arising from anesthetic complications.

\_\_\_\_\_  
Signature of Pet Owner/Organization Representative

\_\_\_\_\_  
Date



**Transportation Waiver Form**

I do hereby authorize the Animal Welfare Council of the Alleghenies/Allegheny Spay & Neuter Clinic to transport my animal(s) to be Spay/Neutered at the Allegheny Spay & Neuter Clinic , 1937 Daisy Street Ext, Clearfield, PA address. I am aware of the risks involved with transporting my animal(s) and release the Animal Welfare Council of the Alleghenies, the Allegheny Spay & Neuter Clinic, board members, employees and volunteers from any legal and financial responsibilities arising from any transport incidents that may occur.

\_\_\_\_\_  
Signature of Pet Owner/Organization Representative

\_\_\_\_\_  
Date