Instructions for completing spay/neuter application:
All applicable forms must be submitted prior to the surgery appointment being scheduled.

- Complete spay/neuter application – 1 application per animal
- Hand sign a Surgical Release/Consent Form – electronic or typed signatures will NOT be accepted
- Hand sign a Permission Form (if needed) – electronic or typed signatures will NOT be accepted

    - ***If someone else (including spouse/emergency contact) is dropping off/picking up your pet:*** Designated person MUST bring a valid ID and be 18+ years of age. Applicant to fill out, sign, and return the permission form.

- Copy of Driver's License or other Government Issued Identification – must be current, not expired
- Proof of address *in Rutherford County* if the address on the application doesn't match the address on the applicant's ID.

    - ***If the address on your photo ID does not match the address on your application:** We will need proof of address in Rutherford County. This can be anything official that has both *your name* and *your current address* on it. (Ex: Utility bill, medical bill, lease agreement, etc.)

- Proof of most recent Rabies vaccination – vaccinations are NOT required for surgery

    - We will need their *Rabies Certificate/paperwork* that was given to you by your veterinarian. It must include **THE APPLICANT'S name**, the clinic that gave the vaccine, the date the vaccine was given, the pets name, and the tag number.
    - Rabies certificates are proof of ownership.
    - **If the applicant's name is not on the certificate**, then the person whose name IS on the certificate will need to be present with their ID or we will need a signed surgical release form with their name, and a copy of their license.
    - We can also accept a signed relinquishment of ownership letter to you from the other person. They must provide a copy of their ID along with the hand signed letter.
    - **If your pet is not up to date, we will provide a rabies vaccine free of charge with their surgery.**

- Proof of microchip if you animal has been microchipped – microchipping is NOT required for surgery
    - ***If your pet has a microchip:** We will need their microchip information. This paperwork can be something like a vet record, where both the microchip # and **APPLICANT'S name** is present.
    - A registered microchip is proof of ownership.
    - **If the applicant's name is not registered as the owner with the microchip company**, then the person whose name IS registered as the owner will need to be present with their ID or we will need a signed surgical release form with their name, and a copy of their license.
    - We can also accept a signed relinquishment of ownership letter to you from the other person. They must provide a copy of their ID along with the letter.

- A completed Microchip Form if desired by owner
    - **If you WANT your pet to be microchipped** during their surgery, please fill out and return the attached microchip form. Microchips cost $15, and payment is due upon pickup from surgery.
    - Microchips cost $15.00 per animal; we take cash or card *(there is a $2 charge with card use).* The cost includes owner contact information for the life of the pet.

- A hand signed letter of relinquishment of ownership, if needed – see Change of Ownership Form below.

If you have any questions, please don't hesitate to email us at pawssurgery@rutherfordcountytn.gov or call (615) 898-7740 ext. 2115 to leave a message at the shelter.

Rutherford County

Pet Adoption & Welfare Services

285 John R. Rice Blvd. Murfreesboro, TN 37129
(615) 898-7740 or Fax (615) 898-7994

SURGICAL INTAKE FORM FOR PRIVATELY OWNED ANIMALS

**Please provide a copy of your driver's license or government issued ID **

If the address on your ID is outdated, please provide a copy of proof of residency (utility bill, medical bill, etc.)

I UNDERSTAND THAT ALL INFORMATION PROVIDED TO THIS DEPARTMENT IS SUBJECT TO THE FREEDOM OF INFORMATION ACT. _____ Initials

I AGREE TO RECEIVE TEXT REMINDERS FROM RUTHERFORD COUNTY PAWS _____ Initials

OWNER INFORMATION

Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Work Phone #: _____ Driver's License #: _____

Email Address: _____

ADDRESS

Street: _____

City/State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

ANIMAL INFORMATION ☐ Dog ☐ Cat

Name: _____

Primary Breed: _____ Secondary Breed: _____

Primary Color: _____ Secondary Color: _____

Markings: _____

Age: _____ ☐ Months ☐ Years

Sex ☐ Female ☐ Male Where did you get your pet? _____

DEMOGRAPHIC INFORMATION

This is for private use only and you will remain anonymous. This information will help us provide better programs and services to Rutherford County Residents.

Income: _____ per ☐ week ☐ year

What prevented you from having your animal spayed or neutered prior to today?

☐ Cost ☐ Didn't feel it was important/necessary

☐ Distance (difficulty traveling to the veterinarian) ☐ Time (difficulty scheduling a convenient surgery day/time)

☐ Other: _____

FOR OFFICE USE

Date Received: _____ Appt. Date: _____

PID: _____ AID: _____

Verified POV: _____ Verified POA: _____

Rutherford County PAWS

STERILIZATION AUTHORIZATION AND RELEASE FORM
THIS IS A LEGALLY BINDING DOCUMENT, **READ** BEFORE SIGNING

Procedure and Risks
Your new pet will undergo a spay or neuter surgery. Our greatest concern is the well being of your new family member, but as with any surgical procedure or anesthetic event, there are inherent risks involved. Death or injury may result from this surgical event, from any related procedures, or from unforeseen medical complications post-operatively. The most common injury following surgery includes self-trauma and wound dehiscence of the incision site, which may require further veterinary care.

Before putting your pet under anesthesia and performing surgery, our veterinarian will perform a basic physical examination. RC PAWS **does not** conduct pre-operative blood tests and since we do not have any prior medical history for this animal, he/she may have an unknown underlying medical condition of the liver, kidney, blood, or other organ system. Such disorders may increase the anesthetic risks.

All animals will receive a small tattoo on their underside to show that they have been sterilized.

Consent Statement
I understand the surgical and anesthetic risks described above and that injury or death may occur due to this procedure. I also understand that I am financially responsible for any post-operative complications after the animal has left the care of RC PAWS. Furthermore, I understand that there are always potential risks and unpredictable complications involved when administering anesthesia or performing surgery on an animal and death may occur. I allow RC PAWS to proceed with anesthesia and surgical sterilization surgery of this animal.

I acknowledge that no guarantees or assurances have been made to me regarding the results of this surgery, the health of this animal, and **I understand that RC PAWS is not responsible for any post-operative complications that may result from this procedure after the animal has left the care of RC PAWS.**

I hereby release, hold harmless and agree to indemnify RC PAWS from any and all liability, cost, risk, expenses, loss, causes of actions, alleged causes of actions and attorney fees associated in any way with the procedures described herein.

I understand that **I AM REQUIRED** to pick up this animal on the day and time indicated by RC PAWS personnel. A late charge of $15.00 per day will be assessed to all owners who do not pick up their animal at the designated time unless making prior arrangements. Any animal will be considered abandoned if not picked-up within 3 days after surgery.

I authorize RC PAWS to perform any and all necessary services for the sterilization surgery to be performed upon the animal ID _____

_____ _____ _____
Name of Owner (printed) Signature of Owner Date

_____-
PAWS Representative Witness

Rutherford County
Pet Adoption &
Welfare Services
285 John R. Rice Blvd. Murfreesboro, TN 37129
(615) 898-7740 or Fax (615) 898-7994

DATE _____

AID _____

As the owner of the above listed animal, I give my permission for _____
(person's name)

to drop off and/or reclaim _____ from Rutherford County PAWS.
(animal's name)

Persons dropping off and/or picking up must be over 18 years old and present photo ID

Printed Name _____
(owner's name)

Signature _____
(owner's signature)

PAWS WITNESS _____

HomeAgain®
Pet Recovery

PLACE ACCOUNT STICKER HERE

Phone Number_____

Clinic/
Shelter Code_____

REMEMBER
Affix Account and Microchip Stickers

ENTER MICROCHIP ID OR PLACE MICROCHIP ID STICKER HERE

_____

IMPORTANT: Enter the correct microchip number for proper and expedited enrollment in the HomeAgain© Pet safety and wellness network.

PET/PRIMARY CONTACT INFORMATION

Pet Information

Pet Name_____ Dog_____Cat_____Other:_____

Primary Contact

First Name_____ Last Name_____

Address_____ Apt._____

City_____ State_____ ZIP_____

Email_____

Phone 1 (_____) _____ - _____ Ext._____

Phone 2 (_____) _____ - _____ Ext._____

Alternative Contact

First Name_____ Last Name_____

Phone 1 (_____) _____ - _____ Ext._____

Phone 2 (_____) _____ - _____ Ext._____

IMPORTANT Please return this form to the HomeAgain© Pet Recovery Service or we will not be able to identify your pet if lost.

To enroll, mail this form to HomeAgain, P.O Box 28153, Miami, FL 33102-8153, visit homeagain.com or call 1-888-HOMEAGAIN (1-888-466-3242).

Make it even easier to identify your pet.
Save your lost pet a trip to the shelter to be scanned for a chip!

HomeAgain® offers high quality collar tags engraved with your pet's name and microchip ID number.

Additional styles available at homeagain.com

See back to order by mail.

Classic Tags
up to 10 characters for name

- N Blue & Yellow Round: 1-1/8" – **$14.99**
- O Pink Round: 1-1/8" – **$14.99**

New Tags
up to 10 characters for name

- T Stainless Steel Bone: 1-1/4" – **$15.98**
- U Pink Heart: 1-1/8" – **$15.98**
- V Stainless Steel Paw: 1-1/8" – **$15.98**
- W **NEW** Extra Small Blue & Yellow Round: 7/8" – **$14.99**

Change of Ownership:

I _____ transfer

[First and last name of current owner]

ownership of _____ to

[pet or pets name(s)]

_____ on

[First and last name of new owner]

_____.

[date]

*Signature of current owner***_____

Today's Date_____

Signature of new owner _____

Today's date_____

**** :Need copy of ID of person giving the animal away**

Your pet is scheduled for surgery on: _____

Preparing your pet for surgery:

- The night before surgery, your pet may have food and water up until midnight.
- Please do not offer them any food or water on the day of surgery.
- Drop off: Arrive at our PAWS facility between **7:00-8:00am** on the day of surgery; 285 John R Rice Blvd, Murfreesboro, TN 37129. Park on the side of our building that has the flag pole.
- We have a "take a buzzer" system, when you arrive, please take a numbered buzzer and then wait in your car until you are called into the room.
- We make our best effort to check you in as quickly as possible. However, since we schedule up to 30 animals for surgery each day, you may not be checked in completely until 9am.
- Please have your pets on a well-fitted collar/harness and leash (dogs) or in a secure carrier (dogs/cats) or in a pillowcase (cats).
- Be ready to present your ID and your pet when you come in the building. The address on you ID must match the address on the application, or you must bring in proof of your current residence in the form of a utility bill, lease, or other bill.
- Your pet will be scanned for microchip and a photo of your pet will be taken. The owner listed with the microchip must sign the consent forms.
- If your pet has a current rabies license, please be aware that the owner listed on the rabies certificate must be the person to sign the surgery consent form.
- If someone other than the owner of the pet will be dropping off for surgery, then the owner will need to fill out a surgery consent form and permission form *prior to the date* of surgery.
- Pick up: You may pick your pet up between **4:00-5:30pm** the *same day* of surgery.
- You will be sent home with after-care instructions when you pick your pet up from surgery.

If you have any questions, or need to change or cancel your appointment please call:
(615) 898-7740 Ext. 2115 to leave a message.

To speed up the check in process, prior to you appointment date please email proof of residency and/or copy of rabies certificate (if required) to:
PAWSSurgery@rutherfordcountytn.gov

Please note: If you miss your appointment you may have to wait 8-12 weeks for another one.