

Low Cost Spay Neuter
AUTHORIZATION AND RELEASE

Owner First Name _____ Owner Last Name _____

Phone Number _____ Alternate Phone Number _____

Address _____
Street City State Zip

Patient Information

Name _____ Species/Breed _____ Sex _____ Approx. Age _____

Current or Chronic Medical Conditions (coughing, sneezing, vomiting, diarrhea, etc.)? Yes No
If yes, please describe: _____

Is the animal on medications (include flea and tick preventatives given in last 30 days)? Yes No
If yes, please list: _____

When did the animal last eat? _____

This animal also needs (check all that apply):

Vaccinations: Rabies FVRCP (cats)/DA2PP (dogs) Other _____

Microchip Heartworm Test (dogs) FELV/FIV Test (cats)

Ear Tip (Required for feral sterilization)

Authorization for Surgery and/or Medical Treatment (Please initial each section below to indicate agreement):

I, _____ (print name), hereby authorize the Champaign County Animal Control and its agents (faculty, staff, students) to perform upon _____ (print animal name) the following

(mark all that apply):
 Sterilization Surgery (spay/neuter) Vaccination and/or medical treatments Other _____

I hereby authorize CCAC and its agents (Service) to anesthetize, surgically sterilize, tattoo, vaccinate, and provide other related medical or surgical care (Procedure) to my animal. I attest that I am the legal owner or functioning caretaker for the animal identified above and that I have the authority to present the animal for the Procedure. I acknowledge that veterinary students, under supervision and assistance of veterinarians and nursing staff, will be significantly involved in the Procedure and the care of my animal.

Initial to Agree

I understand that there are medical risks associated with the Procedure, including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. I understand that the Service will perform a brief pre-surgical exam (or visual exam of fractious animals), and I also understand that the supervising veterinarian performing the Procedure has the right to decline to perform any Procedure on any animal for any reason. I understand that pre-operative diagnostic testing, including a comprehensive cardiac exam and bloodwork, will not be performed which may increase risk of complications due to undetected disease. I further understand that there are additional risks if my animal is not current on recommended vaccinations. I understand that if my animal is pregnant the pregnancy will be humanely terminated during surgery.

Initial to Agree

I understand that during the course of the Procedure, unforeseen conditions may arise that may necessitate performance of additional Procedures. If a condition is discovered or arises during the Procedure that requires immediate medical attention or an additional Procedure, the supervising veterinarian may, in their sole discretion, perform such Procedures. If any other condition is discovered that requires intervention, the Service will call me at the phone number listed on this form. I agree that I will be available by phone on the day of the Procedure, and understand that the Service will not leave a message if I am unavailable. If I am unreachable, the supervising veterinarian may, in their absolute and sole discretion, perform such Procedures without seeking additional authorization or consent. I consent to any such additional Procedures and agree to take full responsibility, financial and otherwise.

Initial to Agree

I agree to contact my own veterinarian with any questions that arise following the Procedure about my animal's health related or unrelated to the Procedure. I agree to follow the instructions provided to me for post Procedure care of my animal. I will provide recovery space that is clean, indoors, warm and dry. If I suspect that my animal has a post-operative complication caused directly by the Procedure, it is my responsibility to seek veterinary care in an appropriate and timely fashion, and will bear financial responsibility for any expenses incurred. If my animal dies during the Procedure, I give consent for a post-mortem examination to be performed, at no cost to me, in order to determine the cause of death. This information will be shared with me when it becomes available to the Service. I agree that the cost of private cremation, if I wish to receive my animal's cremains, is my responsibility.

Initial to Agree

I agree to fully and completely release and hold harmless the Service, Champaign County, its officers, directors, veterinarians, employees and any agents for any and all claims, damages, costs and liability relating to or arising from, directly or indirectly, the Procedure. I understand that I am assuming the risks of such injury, loss, and/or damages. Additionally, I hereby agree to indemnify and hold the Service and Champaign County harmless for any damages caused by unforeseeable events including, but not limited to fire, vandalism, burglary, extreme weather, natural disasters, crate/carrier malfunction, and animal escape.

Initial to Agree

I agree that the Procedure, and the possible benefits, potential risks or complications, and reasonable alternative(s) to the Procedure have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. By signing this Authorization and Release, I am consenting to the Procedures being performed on my animal and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

Initial to Agree

I also understand and agree to permit the Service to use pictures of my animal for outreach or educational purposes without liability or obligation to me.

Initial to Agree

By signing, I acknowledge that I have read, understood and agree to all the terms listed above, and confirm that all the information given on this form is correct.

Owner Signature: _____ Date: _____

Witness Signature: _____ Date: _____



State of Illinois
Illinois Department of Public Health

Illinois Public Health and Safety
Animal Population Control Program
525 W. Jefferson St., Springfield, IL 62761-0001 • 217-557-9232

APPLICATION/ELIGIBILITY VOUCHER FOR LOW-COST SPAY/NEUTER

APPLICANT INSTRUCTIONS

- Complete Part I of this application. Sign the form and submit with **PROOF OF ELIGIBILITY** to the address above.
- If you meet the eligibility requirements for the program, this form will be returned to you with an **APPROVAL CODE**, **DATE ISSUED**, and **AUTHORIZATION STAMP** in Part III at the bottom of the form, and a list of participating veterinarians. You must pay a \$15 co-pay to the veterinarian at the time of the procedure.
- If you do not meet eligibility requirements, this form will be returned to you with an explanation.
- You are responsible for additional fees other than the examination, pre-surgical vaccinations, and spay/neuter.

VETERINARIAN ELIGIBILITY AND INSTRUCTIONS

- You must be an Illinois licensed veterinarian who has submitted a Veterinarian Application/Agreement to Participate to the Illinois Department of Public Health prior to the procedure(s).
- An animal owner or feral cat colony manager must present this approved Application/Eligibility Voucher (with the IDPH authorization stamp) **PRIOR** to provision of reimbursable services.
- Following completion of the procedure, complete Part II of this form and return with an itemized invoice to the address above. **Make one copy for the animal owner/feral cat colony manager and one copy for your records.**

PART I APPLICANT CONSENT FORM

Name of Pet Owner/Feral Cat Colony Manager _____ Address _____ City/State/ZIP Code _____

ELIGIBILITY YOU ARE CLAIMING (Select One)

- SNAP (Formerly the Food Stamp Program) Social Security Disability Manager of Feral Cat Colony
Date of Disability _____

Attach proof of eligibility. Proof of eligibility may include a copy of SNAP benefit statement, annual notice of benefits from Social Security Disability or letter of designation as manager of a feral cat colony.

DO NOT SEND original documents, copies of LINK or MEDICAID cards, checks, or checking account statements.
A maximum of **two pets or five feral cats** will be approved per owner/feral cat manager per state fiscal year (July 1 – June 30).

Type of Animal: Female Dog Male Dog Female Cat Male Cat

Name of Pet (1 per application) (N/A for feral cats) _____ Breed _____ Approximate Weight (Required for dogs only) _____

I hereby certify I am the owner of the animal described above, I am authorized by the eligible owner to present the animal for the procedure or I am the manager of a feral cat colony. I hereby consent to the pre-surgical immunization and spay/neuter of the animal described above, and I attest that the above information is true and correct to the best of my knowledge. By signing below, I also authorize the Illinois Department of Human Services and/or the Social Security Administration to release information regarding my current eligibility in the above programs to the Illinois Public Health and Safety Animal Population Control Program.

Signature of Owner/Feral Cat Colony Manager _____

Date _____

PART II VETERINARIAN CERTIFICATE

Veterinarian/Clinic Name _____ Address _____ City/State/ZIP Code _____ Phone Number _____

Vaccines Given _____ Weight of Animal (dogs only) _____ Date of Spay/Neuter and Vaccination _____

\$15 co-payment received? Yes No

FEIN # _____

I hereby attest the spay/neuter procedure and vaccination of the above animal were completed as recorded.

Signature of Participating Veterinarian _____

Date _____

Signature of Owner/Feral Cat Colony Manager _____

Date _____

PART III ELIGIBILITY VOUCHER

DO NOT WRITE BELOW THIS LINE – FOR AGENCY USE ONLY

NOTE: ELIGIBILITY VOUCHER IS VOID SIX (6) MONTHS AFTER DATE ISSUED

APPROVAL CODE	DATE ISSUED	AUTHORIZATION	PAYMENT APPROVAL
			DATE APPROVED:
			AMOUNT APPROVED:

