



Horry County Animal Care Center Public Spay Neuter Application

1923 Industrial Park Road, Building #2, Conway, SC 29526

Clinic: (843) 915-5171

Email: CLINIC@HORRYCOUNTYSC.GOV

Hours of Operations

MTWThF

10:30 am—4:30 pm

BY APPOINTMENT ONLY

PROGRAM OUTLINE

This program is open to all residents in Horry County for spaying or neutering of pet dogs and cats. Submission of the Spay Neuter Application, along with your pet's vaccination/testing records, must be completed and returned to the Animal Care Center prior to setting up a surgery date for your pet. If your pet is in need of vaccines or testing, please select the package or items needed on page 2. **Incomplete applications will delay your pet in being scheduled for an appointment. Applications will be held on file for 14 days from the date of submission.** During scheduling, if there is no response from the owner within 14 days, the application will be voided and the owner will need to re-submit the packet in its entirety.

An appointment reminder will be sent to the client 24-48 hours before surgery in the form of an email. Clients are expected to drop off and pick-up their pets during the designated times listed in the pre-surgical instructions. Any animal brought after 7:30 am will be turned away and the owner will need to reschedule the appointment. Any animal not picked up by 3:30 pm will incur an overnight charge of \$30. Clients will be given a copy of medical records, post operative care sheets and any other information, equipment or medications based on their requested procedures.

Payment for procedures is by cash, credit card or online. The Animal Care Center does not accept checks. All fees **must** be paid before surgery. **To complete payment via phone, please call (843) 915-5172, stop by the facility between 10:30 am—4:30 pm Monday-Friday or complete payment online <https://www.e-billexpress.com/ebpp/HCACCC/>.** If you fail to show up for an appointment without notification, you will be placed at the end of the waiting list to be rescheduled and charged a \$20 missed appointment fee at your next scheduled appointment.

The ACC provides the community a service of high volume low cost spay/neuter. These surgical procedures do not include intravenous fluids, preoperative bloodwork, blood pressure monitoring, or follow up care. **We will not accept miniature, toy, or brachiocephalic breeds for surgery as they pose a higher anesthetic risk.** If your pet has known or suspected congenital or acquired medical abnormalities including, heartworm disease, hydrocephalus, cryptorchidism, cardiac murmurs, portosystemic liver shunt, pyometra, hypoglycemia, hypo/hyper thyroidism, diabetes, history of trauma involving the face or chest or any disease that will increase their anesthetic risk consider seeking more individualized care at a primary veterinary clinic. The ACC reserves the right to refuse any animal for surgery.

Completed applications can be dropped off one of two ways:

- 1) EMAIL: CLINIC@HORRYCOUNTYSC.GOV
- 2) Fax: (843) 915-6170
- 3) In Person: Monday-Friday between 10:30 am—4:30 pm.

Incomplete spay/neuter packets will delay your pet in getting a spay/neuter appointment. All puppies/kittens must have at least two (2) current DAPP or FVRCP vaccinations prior to surgery.

All animals must:

- ⇒ be at least 12 weeks (3 months) of age
- ⇒ be clean and free of fleas/ticks. Any animal that has fleas will be treated at a charge of \$40.00.
- ⇒ arrive in a carrier or on a leash and must have identification in the form of a collar & tag.
- ⇒ be "healthy" (no coughing or sneezing, no discharge from nose or eyes, no diarrhea, no fever.) Any animal which presents with these symptoms will not be accepted.
- ⇒ **Animals must be current on all vaccines and have a heartworm test and/or feline leukemia/aids test completed within the past year. Please submit this information with your application when you turn it in.**

The Animal Care Center reserves the right to refuse surgery on any animal. While the ACC will be providing high quality, high volume spay neuter, we will **not**:

- ◆ be giving intravenous fluids, perform blood work, provide follow up care, operate on previous heartworm positive animals or animals that are in estrus (in heat).
- ◆ If your animal is in heat, she will be rescheduled for the next available appointment once her heat cycle is complete. Please keep away from intact males during this time.
- ◆ Any animal with post operative complications will need to seek private veterinary care or be taken to an animal emergency hospital.

PACKAGES & PRICING ON PAGE 2



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PRICING PACKAGES

Puppy/Kitten Package #1 (8 weeks to 20 weeks) 4 distemper vaccines, rabies vaccine, 24 Petwatch Microchip, spay/neuter surgery	\$100 (valued at \$165-\$225)	
Kitten Package #2 (5 months to 1 year) 2 distemper vaccines, rabies vaccines, 24 Petwatch Microchip, spay/neuter surgery	\$90 (valued at \$150)	
Puppy Package #2 (5 months to 1 year) 2 distemper vaccines, rabies vaccines, 24 Petwatch Microchip, spay/neuter surgery	\$135 (valued at \$210)	
Silver Package Level 2 (Felines) 1 year distemper vaccine, 1 year rabies vaccine, 24 Petwatch Microchip, FeLV/FIV/HW test, one 1 month of flea/heartworm prevention, spay/neuter surgery	\$105 (valued at \$165)	
Silver Package Level 3 (Canines under 40 lbs) 1 year distemper vaccine, 1 year rabies vaccine, 24 Petwatch Microchip, heartworm test, one 1 month of flea/heartworm prevention, spay/neuter surgery	\$145 (valued at \$230)	
Gold Package Level 2 (Over 40 lbs) 1 year distemper vaccine, 1 year rabies vaccine, 24 Petwatch Microchip, heartworm test, one 1 month of flea/heartworm prevention and spay/neuter surgery	\$190 (valued at \$290)	

A La Carte Items

Small Canine Spay/Neuter	\$100		FVRCP Vaccine (Felines Only)	\$15		Nail Trim	\$10	
Large Canine Spay/Neuter (Over 40 lbs)	\$160		Bordetella (Kennel Cough) (K9 Only)	\$15		30 day Flea/Heartworm Prevention (K9)	\$50	
Feline Spay	\$60		DAPP Vaccine (K9 Only)	\$15		30 day Flea Preventative (Felines)	\$30	
Feline Neuter	\$30		Rabies Vaccine (1 year)	\$15				
24 Petwatch Microchip Implant & Registration	\$20		Pain Management (4 days)	\$10				
Heartworm/Feline Triple Test	\$35		E-Collar (Cones)	\$10				

***If your pet is current on their vaccines and testing, please include a copy of those records with your application during submission. Once submitted, a CSR will email you up to 3 dates to select for your pet's surgery. If no response is received within 14 days, the application will be filed away and the owner will need to re-submit.**

****Additional charges will apply for female dogs or cats in heat, hernia repairs, active pregnancy and dogs or cats with retained testicles (cryptorchid) at the time of neuter surgery.**

*****Patients must receive vaccinations/testing prior to surgery.**

EMAIL: CLINIC@HORRYCOUNTYSC.GOV

FAX: (843) 915-6170

*****OWNER INFORMATION*****

NAME: _____ PHONE #: _____ EMAIL ADDRESS: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP CODE: _____

IF YOU WOULD LIKE FOR YOUR PET TO BE MICROCHIPPED, PLEASE PROVIDE AN ALTERNATE CONTACT PERSON & PHONE NUMBER.

ALTERNATE CONTACT PERSON: _____ PHONE NUMBER: _____

*****PET'S INFORMATION*****

PET'S NAME: _____ GENDER: _____ MALE _____ FEMALE

PRIMARY BREED: _____ SECONDARY BREED: _____

Dog, Cat, Mix, Feist, & Mutt do not classify as a breed, please consult with your veterinarian for a breed classification for your animal. For Felines: indicate if they are short, medium, or long haired if you are unsure of the breed.

AGE: _____ YEARS _____ MONTHS _____ WEEKS PREGNANT: NO YES UNSURE

COLOR(S): _____

PATTERN: SOLID BICOLOR TRICOLOR BRINDLE MERLE
 TABBY CALICO TORTI DILUTE

*****PATIENT BEHAVIOR SHEET*****

Is it possible your pet is already spayed or neutered? YES NO

I understand that my pet must be clean before surgery (bath). YES NO

Has your pet had surgery before? If yes, please explain: _____ YES NO

Within the last two weeks, are you aware of any change in your pet's:

Activity level? YES NO Eating? YES NO

Drinking? YES NO Behavior? YES NO

Within the last two weeks, has your pet displayed any of the following?

Sneezing? YES NO Coughing? YES NO

Diarrhea? YES NO Vomiting? YES NO

Does your pet have any health problems or injuries? YES NO

If yes, please explain. _____

Has your pet had any known reactions to vaccinations, drugs or medications in the past? YES NO

If yes, please explain. _____

Is your pet currently on any medications other than flea/tick/heartworm preventative? YES NO

If yes, please list. _____

Is your animal currently on any heartworm preventative? YES NO

If yes, which one and when was it given last? _____

Has your animal bitten anyone in the last 20 days? YES NO

If yes, please explain. _____

Is your animal aggressive or fearful of strangers? YES NO

If yes, please explain. _____

Has your pet been tested for heartworms and/or FeLV/FIV within the past year? YES NO

Vet Office/Clinic where testing was completed: _____

If your pet is current on vaccines/testing, please include a copy of those records with your application during submission.



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SURGERY CONSENT & RELEASE OF LIABILITY FORM

OWNER NAME _____

PET NAME _____

I, acting as the owner or agent of the pet named above, hereby request and authorize the Horry County Animal Care Center, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

___ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs providing this service.

___ I understand that females will receive a small green tattoo near the incision site to show that she has been sterilized.

___ I understand the inherent risks of failing to maintain current vaccinations for my animal 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 since 12:00 midnight the evening prior to surgery. If my pet is under 4 months of age, food and water may be given until 7:00 A.M. the morning of surgery.

___ I understand that the Horry County Animal Care Center has the right to refuse service to any animal.

___ I understand that the Horry County Animal Care Center will 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.

___ I understand that some factors significantly increase surgical risk, including but not limited to: pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, internal parasites, and heartworms.

___ I understand that if a flea infestation on my pet is noted by staff at the time of intake/surgery, my animal will be treated for fleas and I will be charged \$40.00 for the flea treatment.

___ I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

___ I understand that if I don't retrieve my pet at the agreed upon time that I shall be charged a boarding fee of no less than \$30.00 per night. If said animal is not retrieved after five consecutive nights, it will be considered abandoned and the Horry County Animal Care Center shall exercise its right to dispose of it as deemed just and proper. I further understand that my pet will not be attended to after shelter hours.

I hereby release the Horry County Animal Care Center, the County of Horry, veterinarians, medical assistants, 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 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 the Horry County Animal Care Center harmless for any damages caused to the animal, or for any damages caused by any unforeseeable events, including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

OWNER/AGENT SIGNATURE: _____

DATE: _____



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PRE- SURGICAL INSTRUCTIONS/CHECKLIST (OWNER'S COPY)

Thank you for choosing the Horry County Animal Care Center for spaying or neutering your pet to help control the unwanted pet population. There are also many health benefits to having a spayed or neutered pet.

To keep costs down, the Horry County Animal Care Center provides High Volume High Quality Spay Neuter services in accordance with best practices of the Association of Shelter Veterinarians. Please be aware that we do not perform pre-operative blood work, although it is highly recommended, and we do not maintain an Intravenous Line or give IV fluids.

All services must be paid for before surgery. The Animal Care Center accepts cash or major credit cards. We do not accept checks. Overnight stays are highly discouraged since there is limited cage space. Also be aware, that any animal left overnight will not be attended to.

*****THE NIGHT BEFORE SURGERY*****

- ⇒ Be sure your pet has been bathed or is clean. We will not accept dirty or matted animals since this poses a risk to the patient.
- ⇒ Be sure your pet is free from fleas. The clinic is a flea-free environment and if we see fleas, we will treat your pet and you will be charged \$15.00 this treatment.
- ⇒ No food or water after midnight. For puppies and kittens under 6 months, you may give a very small amount of food and water before coming. Please mention this to the staff upon arrival.

*****THE MORNING OF SURGERY*****

- ⇒ **Drop-off is between 7:00 AM and 7:30 AM.** Any animals arriving after 7:30 AM will be turned away.
- ⇒ All pets must arrive on a leash or in a carrier. This is for their safety as well as yours.
- ⇒ You may walk your pet on the grass at the shelter but please be mindful and clean up your mess. There are doodie stations on either side. Also, please do not let pets into the bushes or into the landscaping. We work very hard to keep the facility looking good.

*****AFTER SURGERY*****

- ⇒ **Pick up is between 1:30 pm—2:00 pm** unless otherwise specified by the surgical technicians that morning.
- ⇒ Follow the instructions on the Post-Operative care sheet. The most important thing is to not let them lick the incision site and to restrict activity for 10-14 days.
- ⇒ **If you need to reschedule, please email us at CLINIC@HORRYCOUNTYSC.GOV or call our office at (843) 915-5171 at least 24-48 hours in advance** to prevent any missed appointment fees. If you fail to show for an appointment, you will be placed at the end of the waiting list to reschedule or removed entirely.
- ⇒ You will receive a copy of these instructions via email/mail prior to your pet's scheduled appointment.



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POST SURGICAL CARE INSTRUCTIONS (OWNER'S COPY)

You should keep your pet indoors for 7 days after surgery. This will enable you to carefully observe your pet's recovery, prevent complications, and react quickly if complications do develop.

Restrict your pet's activity for the next 14 days. DO NOT allow any running, jumping or excessive playing. This can cause swelling around the incision site and possibly cause the stitches to break. Should either of these occur, contact your veterinarian immediately.

Check the surgical incision twice a day until completely healed. Look for swelling, redness or discharge. If you see any of these signs contact your veterinarian.

Do not allow any licking at the incision. Licking will lead to infection or opening of the site. We recommend an e-collar to prevent licking. Your pet should wear the e-collar at all times for 7-10 days. If you expect your pet will lick at the incision, you can purchase an e-collar from us or your local pet store.

DO NOT allow your pet to get wet for 10-14 days. This includes bathing.

NO human pain medications!!! If you feel your pet is in pain, please call the Animal Care Center or your veterinarian. We may prescribe a pain medication safe for your pet.

Your pet's sutures will be absorbed by the body as part of the natural healing process and do not need to be removed unless otherwise noted.

Anesthesia may cause stomach upset. A small amount of water and food can be offered in the late evening. It is common for some animals to have a depressed appetite for 24 hours. If your pet does not begin to eat & drink after 24 hours, please contact your veterinarian.

Should you have any questions, concerns or problems with your pet after you take him/her home, please call us at (843) 915-5171 during our normal business hours.

IF you have an after-hours life threatening emergency that requires immediate attention, please contact:

Your personal veterinarian.

Animal Emergency Hospital

VCA Palmetto Animal Hosp.

Of the Grand Strand

4808 US Hwy 501

601-1 Robert Grissom Parkway

Myrtle Beach, SC

Myrtle Beach, SC

(843) 903-1900

(843) 445-9797

The owner/agent will be responsible for paying the cost of any and all veterinary care given by outside veterinarians.

You will receive a copy of these instructions in your pet's post operative packet.