

**New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, NJ 08625-0369**

TO BE COMPLETED BY VETERINARIAN	
Pre-Surgical Authorization	
Number:	_____
Date:	_____

APPLICATION AND CONSENT FOR STERILIZATION OF PETS

This sterilization falls under New Jersey Public Laws (P.L. 1983, Chapter 172, P.L. 1986, Chapter 192, P.L. 1989, Chapter 238 and P.L. 1991, Chapter 405) and attendant regulations in the New Jersey Administrative Code. Any falsification of information on this or related documents is punishable by fines under the penalty enforcement law.

PART I - CLIENT / PET INFORMATION			
1. Name of Pet Owner (Last, First, MI)		2. Home Telephone Number	
3. Street Address	City	County	State Zip Code
4. Ownership 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Proxy (Proxy Authorization Form MUST BE ATTACHED)			
5. From What Source Was Pet Obtained? 1 <input type="checkbox"/> Pet Shop 2 <input type="checkbox"/> Shelter/Pound 3 <input type="checkbox"/> Kennel/Private Breeder 4 <input type="checkbox"/> Friend/Relative 5 <input type="checkbox"/> Other			
6. Programs Under Which Eligibility is Claimed 1 <input type="checkbox"/> Food Stamps 7 <input type="checkbox"/> Lifeline Credit 2 <input type="checkbox"/> Supplemental Security Income 8 <input type="checkbox"/> Tenants Lifeline Assistance 3 <input type="checkbox"/> Aid to Families with Dependent Children (ADC) 9 <input type="checkbox"/> Medicaid 4 <input type="checkbox"/> General Public Assistance (Welfare) 10 <input type="checkbox"/> Shelter/Pound Adoption Program 5 <input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled Date of Adoption: _____ 6 <input type="checkbox"/> Rental Assistance Facility/Agency Code Number: _____			
7. Type of Pet 1 <input type="checkbox"/> Male Dog 2 <input type="checkbox"/> Female Dog 3 <input type="checkbox"/> Male Cat 4 <input type="checkbox"/> Female Cat			
8. Is Pet Licensed? 1 <input type="checkbox"/> Yes - License Number: _____ 2 <input type="checkbox"/> No			
9. Name of Pet	10. Breed	11. Weight Lbs.	12. Age Years
<i>I HEREBY CONSENT TO THE PRE-SURGICAL IMMUNIZATION, IF REQUIRED, AND STERILIZATION OF THE PET DESCRIBED ABOVE AND ATTEST THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE</i>			
Signature of Pet Owner or Authorized Representative		Date	
PART II - VETERINARIAN INFORMATION			
13. Name of N. J. Licensed Veterinarian (Last, First, MI)			
14. Name of Business/Hospital		15. Business Telephone Number ()	
16. Type Vaccination Administered	17. Date of Vaccination	18. Date of Sterilization	
19. Co-Payment Fee Paid for Sterilization 1 <input type="checkbox"/> \$10 (Social Services Program) 2 <input type="checkbox"/> \$20 (Shelter/Pound Adoption Program)			
<i>CERTIFICATION: I HEREBY CERTIFY THAT THE CLIENT IS ELIGIBLE UNDER THE PROGRAM CHECKED ABOVE AND HAS PRESENTED THE PROPER IDENTIFICATION. THE CO-PAYMENT FEES WILL BE FOR THE ENTIRE SURGICAL PROCEDURE WHICH SHALL MEAN HEREIN EXAMINATIONS, IMMUNIZATION, SPAYING/NEUTERING, MAINTENANCE, DISCHARGE, REMOVAL OF SUTURES, AND POST-SURGICAL COMPLICATIONS. I HEREBY ATTEST THAT THE IMMUNIZATION AND/OR STERILIZATION OF THE ANIMAL DESCRIBED ABOVE WAS CARRIED OUT AS RECORDED.</i>			
Signature of Veterinarian		Date	
Signature of Pet Owner or Authorized Representative		Date	