



HCACC Trap-Neuter-Release (TNR) Program

1923 Industrial Park Road, Conway, SC 29526

Clinic: (843) 915-5171

Email: clinic@horrycountysc.gov

Surgery Day

Drop off: 7:00 am—7:30 am

Pick-up 2:00 pm—2:30 pm

PROGRAM OUTLINE

This program is open to Horry County Residents **only** for spaying or neutering of community/outside cats. To request information or set-up an appointment please email us at clinic@horrycountysc.gov or call (843) 915-5171 between 10:30 am—4:30 pm.

The TNR application must be completed and returned to the Animal Care Center prior to setting up a surgery date. Failure to complete the TNR Application in its entirety will result in a delay for scheduling an appointment. A reminder will be sent to the client 24-48 hours before surgery in the form of a phone call or email. Clients are expected to drop off and pick-up their pets during the designated times listed above. Any animal brought after 8:00 am will be turned away and any animal not picked up by 4:30 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/HCACC/>.** If you fail to show up for an appointment without notification, your application will be filed away and you will need to resubmit. If a grant is available, the program fees will be waived until the funds are no longer available for that TNR Cycle.

Currently the Animal Care Center **does not** provide any medical care and treatment for public animals at this time.

Price List

TNR SPAY/NEUTER: \$50

(This includes the surgery procedure, FVRCP, 24 Petwatch Microchip/Registration, Rabies Vaccine & Ear Tipping)

ADDITIONAL SERVICES UPON REQUEST

Feline Triple Test \$35

MULTI ANIMAL DISCOUNT

2 cats @ \$45 each

3 cats @ \$40 each

4+ cats @ \$35 each

Policies

All animals must:

- ⇒ be at least 12 weeks (3 months) of age.
- ⇒ One cat per trap and no more than two small cats per carrier. (If your community cats are very large, one cat per carrier).
- ⇒ Due to the size of the recovery area, we ask that you not bring cats in large dog crates/kennels.
- ⇒ 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.
- ⇒ All community/TNR cats will have the left ear tipped to show that they are already altered and an outside cat. Flea treatments are not provided for community/outside cats.
- ⇒ All animals will be tested for communicable diseases to include: leukemia, aids, and panleukopenia. The Animal Care Center does not support releasing animals with communicable diseases back into the general feline population. If your community cat tests positive, for any communicable diseases, the caretaker has two options:
 - 1) the animal will be returned to the caretaker for the procedure completed at a vet’s office of their choice.
 - 2) the caretaker can chose to have the animal euthanized.

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

Any animal with post operative complications will need to seek private veterinary care or be taken to an animal emergency hospital.



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Fax: (843) 915-6170

Email: clinic@horrycountysc.gov

Hours of Operations

MTWThF

1:00 pm—4:00 pm

BY APPOINTMENT ONLY

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

NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL ADDRESS: _____

THIS CAT WILL BE MICROCHIPPED, PLEASE PROVIDE AN ALTERNATE CONTACT PERSON AND PHONE NUMBER.

ALTERNATE CONTACT PERSON: _____ PHONE NUMBER: _____

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

PET'S NAME: _____ PRIMARY BREED: _____

AGE: _____ YEARS _____ MONTHS _____ WEEKS GENDER: _____ MALE _____ FEMALE

COLOR(S): _____ PREGNANT: NO YES UNSURE

PATTERN: TABBY CALICO TORTI DILUTE OTHER: _____

Completed applications can be dropped off one of two ways:

1) EMAIL: clinic@horrycountysc.gov SUBJECT: TNR Application

2) In Person Monday-Friday between 10:30 am—4:00 pm.

- ◆ **Incomplete TNR applications will delay your community cat in getting a spay/neuter appointment.**
- ◆ **If you have multiple cats, you need to complete an application for each cat.**
- ◆ **Please read each page carefully. If you have questions, please feel free to contact us via email at clinic@horrycountysc.gov or by phone: 843-915-5171.**
- ◆ **Don't forget your signature.**

Price List		
TNR Spay/Neuter <i>(This includes the surgery procedure, FVRCP 24 Petwatch Microchip/Registration, rabies vaccine and Ear Tipping)</i>	\$50.00	X
Feline Triple Test	\$35.00	

Client Signature: _____ Date: _____



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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 this animal will be tested for communicable diseases, microchipped and ear tipped at the time of surgery.

___ 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 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 & MORNING DROP OFF

Drop-off is scheduled between 7:00 am—7:30 am. Any animal brought after 8:00 am will be turned away and will need to contact the clinic to reschedule their appointment. Pick up is scheduled between 2:00 pm—2:30 pm unless otherwise specified by the surgical technicians that morning.

All felines must arrive in a carrier/crate/trap. One cat per trap and no more than two small cats per carrier. (If your community cats are very large, one cat per carrier). **Due to the size of the recovery area, we ask that you not bring cats in large dog crates/kennels.** This is for their safety as well as yours and the surgical staff.

By participating in this program, you hereby indicate that this is a feral and community cat that you are bringing in to be spayed/neutered to decrease the unwanted pet population in Horry County. This animal is not considered a domesticated pet.

This animal will be microchipped, ear tipped, given a rabies vaccine, tested for any communicable diseases and then released back to the finder/caretaker.

The Animal Care Center **will not** spay/neuter animals that test positive for feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), or shows symptoms of feline panleukopenia virus (FPLV) back into the community cat population. The following options have been provided for felines that test positive for any of the following listed above.

Please select **ONE** of the following below:

_____ If your community cat tests positive for feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), or shows symptoms of feline panleukopenia virus (FPLV), the animal will be humanely euthanized to prevent any further spreading of these highly contagious diseases.

_____ If your community cat tests positive for feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), or shows symptoms of feline panleukopenia virus (FPLV), the animal will be returned to you unaltered with the understanding that this animal needs to be separated from the other community cats.

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 or provide follow up care. Any animal with post operative complications will need to seek private veterinary care or be taken to an animal emergency hospital.

Print Name: _____ Signature: _____

Date : _____

Check In Staff Initials _____



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POST SURGICAL CARE INSTRUCTIONS (OWNER'S COPY)

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

FRACTIOUS FERAL: You should keep the pet indoors for 24-48 hours after surgery. Please follow all post op care instructions given at the time of pick-up.

FRIENDLY FERAL: 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 contact your veterinarian.

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.

This animal has been ear tipped, tattooed and microchipped.

Should you have any questions, concerns or problems with your pet after you take him/her home, please contact your veterinarian.

If you have an after-hours life threatening emergency that requires immediate attention, please contact: your personal veterinarian or the emergency vet clinic.

Animal Emergency Hospital Of the Grand Strand | 601-1 Robert Grissom Parkway, Myrtle Beach, SC (843) 445-9797

VCA Palmetto Animal Hosp. | 4808 US Hwy 501, Myrtle Beach, SC (843) 903-1900

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.