

BREVARD SPAY/NEUTER CLINIC

\$70.00 PET CAT PACKAGE

Owner's Name:	Today's Phone:		Today's Date:
Owner's Address:	City:	Zip Code:	Email:
Cat's Name:	Coat length ()Short ()Medium ()Long		
Cat's Age:	()No idea		
Gender ()Female ()Male ()Not sure	Color/Pattern: How long have you had this pet? Where did you get this pet?		

I understand that my cat will receive the following procedure today for the fee of \$70.00

1. Pre-anesthetic exam unless my cat is determined to be likely to bite or scratch.
2. Cat spay or Cat neuter
3. Rabies vaccination: If I do not show proof of previous rabies vaccination, this one will expire in one year. If I show proof, it will be certified for 3 years.
4. Rhinotracheitis/Calicivirus/Panleukopenia vaccination: This vaccination should be repeated in 3 weeks if it is my cat's first RCP vaccination.
5. Flea/Mite/Roundworm/Hookworm medication.
6. Fluids as needed by veterinarian's orders.
7. Abscess and ear mite treatment as needed.

I understand that the following tests and procedures are available for an additional charge if I request them by placing an (X) next to the procedure I would like to have done.

OTHER PROCEDURES REQUESTED	Regular	w/Surg.	OTHER PROCEDURES cont'	FEE
()Feline Leukemia/Feline AIDS Test	\$45.00	\$35.00	()Tapeworm injection	\$15+
()Fecal Analysis	\$45.00	\$45.00	(X)Pre-Surgical Bloodwork	\$100
()Urine Analysis	\$45.00	\$45.00	(X)I decline pre-surgical bloodwork. Initial:	
()Umbilical Hernia Repair		\$40.00	()Light Therapy (accelerates healing)	\$10
()Microchip Insertion/Registration	\$40.00	CASH only	()Body/recovery suit	\$15
()E-Collar (cone)		\$10		

- I am 18 years or older. I am responsible for the animal described above, or have been designated the agent for the person responsible for this animal.
- I give consent to Brevard Spay/Neuter Clinic to receive, transport, perform sterilization surgery on, vaccinate, treat, apply a tattoo (green line) on the abdomen/near the scrotum indicating my animal has been fixed and/or prescribe medications for this animal.
- I understand that Brevard Spay/Neuter Clinic will take all reasonable precautions against injury, escape, or death of this animal. I assume all risks and I will not hold Brevard Spay/Neuter Clinic responsible in any way.
- I consent to the administration of any anesthetics and or drugs deemed proper by the veterinarian and understand that there is some risk in the use of anesthetics and or drugs.
- I consent to the administration of vaccinations, and understand that this can cause adverse reactions in some animals.
- I consent to the performance of sterilization of this animal regardless of whether it is male, female, cryptorchid, in heat, or pregnant.
- I consent to the treatment for any condition discovered which, in the veterinarian's opinion, requires medical attention or an additional procedure, including but not limited to ear mites, abscesses and other infections, severely infected and painful teeth, ingrown nails.
- If additional procedures are recommended and I consent to them by phone, I will pay the difference at the time of pick up.
- I will pick my animal up from the clinic the same day as the surgery at the time and place designated by the staff. If I do not claim the animal in 24 hours, it will be considered abandoned and disposed of in accordance with Brevard Spay/Neuter Clinic policy. If the animal is abandoned, a report of illegal animal abandonment will be filed.
- I understand and agree that if a third party is assisting in payment, they will receive a copy of the invoice.

^ Owner or Owner-Agent's Signature

^ Date

NONPROFIT: ()HOPE ()SG ()Daphne ()Hollis ()_____

AMT PAID A.M. \$ _____ ()Cash
()Last 4 CC _____

AMT DUE P.M \$ _____