

# Broward County SNIP Voucher Program

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Color: \_\_\_\_\_

## **PACKAGE INCLUDES:**

Feline Spay or Neuter, Rabies Vaccine, and a Required Broward County Rabies Tag

**(NOTE: Please see your voucher for any co-payment information)**

**Additional Services:** Please check below for any additional services desired at an extra cost

- |   |   |
|---|---|
| <input type="checkbox"/> Felv/Fiv Test:           | \$30.00   |
| <input type="checkbox"/> FVRCP Vaccine            | \$15.00   |
| <input type="checkbox"/> FVRCP w/Leukemia Vaccine | \$25.00   |
| <input type="checkbox"/> Revolution               | \$16.00 (30 day treatment for fleas, intestinal parasites, heartworms, and ear mites)                           |
| <input type="checkbox"/> Microchip                | \$25.00   |
| <input type="checkbox"/> Ivermectin Inj           | \$10.00 (treats roundworms, hookworms, mange, and ear mites)  |
| <input type="checkbox"/> Nail Trim                | \$12.00   |
| <input type="checkbox"/> Ear Cleaning             | \$10.00   |
| <input type="checkbox"/> E-Collar                 | \$10.00 (an Elizabethan Collar is worn to prevent your female cat from chewing or licking at the incision site) |

**\*\*Please Note:** if your cat is to be found with fleas, tapeworms, ear mites, or mange it is hospital policy for us to treat at an additional cost to you.  
(PLEASE SEE FIRST PAGE CONSENT FORM FOR INFORMATION)

I agree to pay in full for all services at the time of discharge.

Estimated cost \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FILL OUT BELOW ONLY IF YOU ELECTED TO GET YOUR CAT TESTED FOR FELV/FIV**

IF MY CAT IS FOUND **POSITIVE** FOR **FELINE LEUKEMIA (FELV)** I WOULD LIKE TO:

(  ) DECLINE EUTHANSIA                      (  ) EUTHANIZE (PLEASE SIGN BELOW)

IF MY CAT IS FOUND **POSITIVE** FOR **FELINE AIDS (FIV)** I WOULD LIKE TO

(  ) DECLINE EUTHANSIA                      (  ) EUTHANIZE (PLEASE SIGN BELOW)

I do hereby certify that I am the owner or duly authorized agent/caretaker of the animal described above, that I am 18 years old or older, and that I hereby give CEI Low Cost Spay-Neuter Clinic, it's agents, servants, and representatives, full and complete authority to humanely euthanize the said animal, and I do hereby and by those present forever release the veterinary facility and its employees from any and all liability for so euthanizing said animal. I also do certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last fifteen (15) days and have not been exposed to rabies.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_