



# Broward County TNR Voucher Program

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Package Includes: Spay/Neuter, Rabies Vaccine, and a Mandatory Ear Notch: \$0.00

Additional Services: (Please check below for any additional services desired)

_____ Felv/Fiv Test	\$20.00
_____ FVRCP	\$15.00
_____ FVRCP w/Leukemia	\$25.00
_____ Leukemia Vaccine	\$15.00
_____ Microchip	\$25.00
_____ Ivermectin Under 5lbs	\$5.00 (treats Roundworms, Hookworms, Mange, & Ear Mites)
_____ Ivermectin Over 5lbs	\$10.00 (treats Roundworms, Hookworms, Mange, & Ear Mites)
_____ Revolution Under 5lbs	\$5.00 (monthly treatment for fleas, rounds, hooks, ear mites, & heartworms)
_____ Revoluton Over 5lbs	\$16.00 (monthly treatment for fleas, rounds, hooks, ear mites & heartworms)

Estimated Cost is \$\_\_\_\_\_ and I agree to pay in full for all services rendered at time of discharge.

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

**ONLY FOR CATS BEING TESTED FOR FELV AND FIV**

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

( ) DECLINE EUTHANSIA ( ) EUTHANIZE **(PLEASE FILL OUT FORM BELOW)**

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

( ) DECLINE EUTHANSIA ( ) EUTHANIZE **(PLEASE FILL OUT FORM 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: \_\_\_\_\_