

# CAT NETWORK

~ SPAY / NEUTER Pricing - Services ~

Owner / Caretaker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Address Cat Trapped (street) \_\_\_\_\_, (city) \_\_\_\_\_ (zip) \_\_\_\_\_

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

➤ SPAY / NEUTER SURGERY & Rabies Vaccine: **\$20. CO-PAY (NEW)**

?? EAR NOTCH Yes \_\_\_\_\_ No \_\_\_\_\_ ??

**NOTE:** If a kitten is too young for the Rabies Vaccine, they may return for this vaccine at no additional office fee charge at our Pet Vaccine Clinics held on certain Saturdays

➤ Check below ✓ for additional services desired:

**\*\*NEW - NOTE:** If your cat has fleas, ear mites, tapeworms, or mange/scabies, we will treat your cat for an additional charge! Hospital Policy!

_____ Fvrpcp Vaccine:	\$15.
_____ Leukemia Vaccine:	\$15.
_____ Fvrpcp & Leukemia Combo Vac:	\$25.
_____ FeLV/FIV Test:	\$20.
_____ Microchip:	\$25.
_____ Nail Trim:	\$12.
_____ Deworming-(round, hook)/adult:	\$10. / Kitten <5lb. \$ 5.
_____ Deworming (tapeworms):	\$15.
_____ Fecal Test (as during sx)	\$10.
_____ Flea Treatment (Revolution)/adult:	\$16. Kitten <5lb. \$ 5.
_____ Ear Mite Test @ \$5.	_____ Ear Mite Treatment @ \$10 _____ Ear Cleaning @ \$10.

\* 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 & FIV:**

IF MY CAT IS FOUND POSITIVE FOR FELINE LEUKEMIA (FeLV) I WOULD LIKE TO:  
 DECLINE EUTHANASIA or  EUTHANIZE (Please fill out release form below).

IF MY CAT IS FOUND POSITIVE FOR FELINE AIDS (FIV) I WOULD LIKE TO:  
 DECLINE EUTHANASIA or  EUTHANIZE (Please fill out release 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 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 do also 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 has not been exposed to rabies.

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