



# 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)**

| Service  | Price   |
|--|---------|
| <b>FELV/FIV Test</b> _____   | \$20.00 |
| <b>FVRCP</b> _____   | \$15.00 |
| <b>FVRCP w/Leukemia</b> _____  | \$30.00 |
| <b>Leukemia Vaccine</b> _____  | \$15.00 |
| <b>Ivermectin Under 5lbs.</b> _____<br>Treats roundworms, hookworms, mange, & ear mites.                           | \$5.00  |
| <b>Ivermectin Over 5lbs.</b> _____<br>Treats roundworms, hookworms, mange, & ear mites.                            | \$10.00 |
| <b>Revolution Under 5lbs.</b> _____<br>monthly treatment for fleas, roundworms, hookworms, ear mites, & Heartworms | \$5.00  |
| <b>Revolution Over 5lbs.</b> _____<br>Monthly treatment for fleas, roundworms, hookworms, ear mites & heartworms   | \$16.00 |

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: \_\_\_\_\_