Broward County SNIP Voucher Program

Owner: _____ Phone: _____
Cat's Name: _____ Male: ___ Female:___ Color: _____

Package Includes: Feline Spay or Neuter, Rabies Vaccine, & a 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.

Service	Price
FELV/FIV Test _____	$30.00
FVRCP _____	$15.00
FVRCP w/Leukemia _____	$30.00
Revolution _____ Monthly treatment for fleas, intestinal parasites, heartworms, & ear mites	$16.00
Microchip _____	$25.00
Ivermectin Inj _____ Treats roundworms, hookworms, mange, & ear mites	$10.00
Nail Trim _____	$12.00
Ear Cleaning _____	$10.00
E-Collar _____ Collar worm to prevent your female cat from chewing or licking at the incision site	$10.00

**Please Note: if your cat is to be found with fleas, tapeworms, ear mites, or mange hospital policy is to treat at an additional cost to you. (Please see first page consent form for information.

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

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: _____