

~ FERAL / STRAY CATS - Spay & Neuter Services ~



Owner/Caretaker's Name: _____ Phn#: _____

Pet's Name: _____ Male _____ Female _____ Color: _____

~ ~ ~ EAR NOTCH REQUIRED ~ ~ ~

PACKAGE { Pre-surgical Exam, Pain Medication, Antibiotic Injection;
Female/Spay: \$110 { Rabies, FVRCP, Leukemia Vaccines;
Male/Neuter: \$95 { Deworming & Revolution

- **Test for Feline Leukemia and FIV? *** Yes _____ No _____ (**\$20.**)
- **EXTRA \$10 CHARGE** for "Late Pregnant Females or Cryptorchid Males

Estimated Cost: \$ _____ *I agree to pay in full for all services rendered at time of discharge.*
Signature: _____ **Date:** _____

ADDITIONAL – "A LA CARTE" PRICES:

✓:	Item:	Cost:		✓:	Item:	Cost:
	Female / Spay	\$85.			Ear Mite Test	\$ 5.
	Includes Rabies				Ear Mite Treatment	\$ 5.
					Ear Cleaning	\$10.
	Male / Neuter	\$70.			Nail Trim	\$12.
	Includes Rabies				Fecal Test w/Surgery	\$10.
	FVRCP/Leuk combo	\$30				
	FVRCP	\$15.			Deworm-Round,Hook-Adult	\$10.
	Leukemia Vaccine	\$15.			Deworm Round,Hook,Kittn<5lbs.	\$ 5.
	TEST Fiv/Fleuk	\$20.			Deworm – Tapeworm	\$ 8.
	Microchip	\$25.			Revolution- Kitten	\$ 5.
	Capstar-automatic if fleas present	\$ 6.			Revolution – Adult	\$16.

***Testing for FIV/FLEUK IS recommended** for all cats, but particularly those in multi-cat households, because if your pet tests Positive for Feline Leukemia especially, he/she imposes a significant health threat to other cats. In this situation, euthanasia should be considered.

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:** _____