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FELINE POPULATION CONTROL PROGRAM

LOW-COST SPAY/NEUTER APPLICATION

PLEASE FILL OUT ONE FORM FOR EACH CAT

Your Name		
Address		
City	State	Zip
Home Phone	Cell Phone	ZipEmail
Cat's Name	Cat's colo	or
Price List: please check appropriate boxes.		
Female Cat Spay: \$ Male Cat Neuter: \$ Feline Leukemia/F FVRCP vaccine(Feline Leukemia vaccine: Rabies Vaccine 1 yrue Microchip implant Flea or Ear Mite tradone automatically if flease Tapeworm treatmeter: Pain medication: \$ Left ear tip for ferauter: Pain medication: \$ Call to make an appointmen on scheduling but you must day of your appointment or your	664 (There will be a \$20 chars 54 (There will be a \$20 chars 554 (There will sake 24 hours line Distemper): \$15 (will redired the proof of the pro	quire a booster in 3 weeks if first time) booster in 3 weeks if first time) for current Rabies vaccine is shown) me registration)) \$25 and (a dose of Capstar) \$7 (will be me automatically if worms are seen) one cat is present in a single carrier) on prior to recovery rapping/catching the cat, we can work with you and fill out this form to bring it with you on the d of our scheduled day. Drop-off is between 8- me to confirm your total charges and riers or traps and may not be left overnight apply. A deposit equal to the charge for maining balance will be due in full in cash d automatically at your expense. culation control purposes. It is intended the agency and is priced accordingly.
Individuals with owned or indoor pet cats are not eligible for this program. It is strongly recommended that those cats are seen by a regular veterinarian.		
I understand the risi Veterinary Hospital, as well all claims for damages, inclu I understand that failure to a pricing being assessed on all	ks that are inherent with any an as its employees and affiliates, f ding death, of the above animal abide by the above payment poli procedures performed. I will be	nesthetic procedure. I hereby release Hanover from all liability and waive my right to any and l. I agree to all of the above payment policies. licies will forfeit my discount and result in full be responsible for these charges upon pickup. I and for legal action and/or prosecution.
		Date:

INSTRUCTIONS

- 1. Do not feed the cat any later than midnight the night before coming to the hospital. You may provide water up until the time you bring the cat in.
- 2. Bring a deposit. Services must be prepaid. We accept cash, credit card or debit card. **NO CHECKS**. Credit cards will be charged a 3.5% fee.
- 3. Do not bring any personal items. The return of collars (including flea collars), leashes, harnesses or tags cannot be guaranteed, as all of these will need to be removed prior to surgery. Please **DO NOT** put blankets, towels, or any other soft items in the carrier. These pose a **SUFFOCATION HAZARD** and any such items left in the carrier will be removed. Cats will be recovered in a warm, dry environment to help prevent hypothermia.

AFTER SURGERY CARE

- 1. Sutures are placed under the skin and are completely absorbable. There are no sutures to remove.
- 2. Keep the cat in a clean, room-temperature environment until eating and drinking normally. Avoid releasing cats directly into temperature extremes (freezing winter temps/hot humid weather)
- 3. For cats that live in barns or outdoors, we recommend providing a clean sheltered area for a day or two to allow the cat to recover and begin eating and drinking normally again.
- 4. You may provide water and food as soon as the cat is released from our clinic.

Please call us if you have any questions. Thank you for participating!