



Date of Surgery _____ How.... did you hear about us? _____

Owner's Name _____ Home Telephone _____

Address _____ Cell or Work Phone _____

City _____ State _____ Zip _____ EMAIL _____

Feral Pet: Cat Dog (circle one) If Dog, weight: 1-10 lbs. 11 – 30 lbs 31 – 50 lbs 51 – 75lbs 76+lbs

Pet Name _____ Breed _____ Color _____ Age _____ Sex _____

Services Requested	Pet Cat	Dog
Spay or Neuter Surgery	___\$50	___\$75
Rabies Vaccine --required – all animals over 12 weeks – unless proof of current vaccine provided	___\$12	___\$12
Pain Medication (3 day supply)	___\$5	___\$5
Feline Distemper Vaccine (FVRCP)	___\$14	
Feline Leukemia Vaccine (Felv)	___\$14	
Felv/FIV test	___\$25	
Canine Distemper/Parvo Vaccine (DHPP)		___\$14
Bordetella (Kennel Cough) Vaccine		___\$14
Heartworm Test		___\$22
Hernia Repair	___\$25	___\$25
Nail Trim	___\$10	___\$10
Microchip	___\$25	___\$25
Dewormer-Hook, round and tapeworms Cats – Profender Topical, Dogs Panacur Oral	___\$17	___\$23
Dewormer – hook & round only (Pyrantel) (kittens)	___\$12	
Heartworm Preventative-Tri-Heart Plus-Single Dose		___\$8
Heartworm Preventative-Tri-Heart Plus-6 month supply		___\$39
<i>Tri-Heart can only be sold with HW test or proof of negative within 6 months</i>		
Advantage Flea Treatment – 1 dose	___\$12	___\$15
Advantage Flea Treatment – 6 month supply	___\$68	___\$76
Advantage Multi HW & Flea Treatment – 1 dose	___\$14	___\$16
Advantage Multi HW & Flea Treatment – 6 month	___\$74	___\$80
Ear Cleaning	___\$10	___\$10
I would like to make a contribution to St. Augustine Humane Society in the amount of:	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Feral Cat – Male or Female \$30

Colony Location _____

The Feral Cat Package includes surgery, rabies, distemper booster, ear tip, and ear cleaning & ear mite treatment.
Feral Cats MUST be transported in a humane trap.
Traps are available for a \$50 deposit.

Rabbit

Neuter Male _____\$50 Spay Female _____\$65

3-day supply pain medication _____\$5

TOTAL: \$ _____

I, acting as owner or agent of the pet named above, hereby understand and agree to the following:

- SAHS or FCNMHP will transport my pet to and from FCNMHP; and that surgery and treatments are administered by FCNMHP. SAHS will call to give the pick-up schedule; I must pick up my pet at this time.
- Upon examination of my pet, FCNMHP may find a condition that would prohibit them from performing surgery; or may require additional costs. I will be called by FCNMHP in both cases, to obtain approval before additional funds are required.
- Due to the limited number of surgical appointments available, **WE ARE UNABLE TO ISSUE REFUNDS WITHOUT 48 HOURS NOTICE OF CANCELLATION PRIOR TO SHUTTLE LAUNCH.**

4. I hereby release St. Augustine Humane Society, all managers, employees, agents and volunteers, from any and all claims arising out of or connected with the performance of these medical procedures or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I agree to indemnify and hold St. Augustine Humane Society harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

Signature: _____ Date _____ REV 2010 8 13

Total Rec'd AM \$ _____ Payment Type _____ + Total Rec'd PM \$ _____ Type _____ Total for Services \$ _____