

SAHS/FCNMHP Spay Shuttle Services Request

Date of Surgery _____

Transport Number _____

Owner's Name _____ H Ph _____ C or W Ph _____

Address _____ EMAIL _____

City _____ ST _____ Zip _____

Pet: Type _____ Breed _____ Color _____ Age _____ Sex _____

Services Requested	Pet Cat	Dog
Spay/Neuter/Rabies*	_____ \$50	_____ \$75
<i>*Free rabies for animals over 12 weeks</i>		
1 year Rabies Vaccine (if no surgery)	_____ \$12	_____ \$12
3 year Rabies Vaccine (need proof of prior)	_____ \$12	_____ \$12
Pain Medication (3 day supply)	_____ \$5	_____ \$5
Feline Distemper Vaccine (FVRCP)	_____ \$12	
Feline Leukemia Vaccine (Felv)	_____ \$12	
Felv/FIV test	_____ \$18	
Canine Distemper/Parvo Vaccine (DHPP)		_____ \$12
Bordetella (Kennel Cough) Vaccine		_____ \$12
Heartworm Test		_____ \$20
Hernia Repair	_____ \$15	_____ \$15
Nail Trim	_____ \$10	_____ \$10
Microchip	_____ \$25	_____ \$25
Fecal Check Test for Worms	_____ \$15	_____ \$20
Dewormer-Hook, round and tapeworms	_____ \$16 (Profender – Topical)	_____ \$20 (Panacur – by mouth)
Dewormer – hook & round only	_____ \$10 (Pyrantel)	_____ \$10 (Pyrantel)
Heartworm Preventative-Tri-Heart Plus-Single Dose		_____ \$7
Heartworm Preventative-Tri-Heart Plus-6 mth supply		_____ \$37
<i>Tri-Heart can only be sold with HW test or proof of negative within 6 months</i>		
Advantage Flea Treatment – 1 dose	_____ \$11	_____ \$14
Advantage Flea Treatment – 6 month supply	_____ \$62	_____ \$75
Frontline Flea Treatment – 1 dose	_____ \$12	_____ \$17
Frontline Flea Treatment – 3 month supply	_____ \$35	_____ \$50
Comfortis Tablets Flea Preventative-1 dose		_____ \$14
Comfortis Tablets Flea Preventative-6 mths		_____ \$82
Ear Cleaning	_____ \$5	_____ \$5
TOTAL	\$ _____	\$ _____

Feral Cat – Male or Female _____ \$30
Colony Location _____
Feral Cat Package includes s/n surgery, rabies, distemper booster, ear tip, ear cleaning & earmite treatment. Feral cats must be transported in a humane trap.

Rabbit	
Neuter Male	_____ \$50
Spay Female	_____ \$65
Pain Meds	_____ \$5
TOTAL	\$ _____

I, acting as owner or agent of the pet named above, hereby understand and agree to the following:
 1. 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.
 2. 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.

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 _____

Total Rec'd AM \$ _____ Payment Type _____ + Total Rec'd PM \$ _____ Type _____ **TOTAL FOR SVCS RENDERED \$ _____**