



Spay/Neuter Intake Form

PO Box 773175
Ocala, FL 34477
Phone: 352-840-0663
Email: info@shelteringhands.org
www.shelteringhands.org

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

By providing your email, Sheltering Hands will periodically send information about upcoming events, programs and fundraising opportunities. Your information is governed by our privacy policy, we **do not** share or sell your information to third parties..

Cat Information, if known

Cat Name _____ Male _____ Female _____ Age/DOB _____

Breed _____ Color _____

Spay/Neuter Package: **Surgery, Rabies and FVRCP vaccines, Flea Prevention, Pain Medication - \$50**

Mark your choice

No Ear Tip **OR** Ear Tip (upper tip of left ear indicates cat is spayed/neutered)

Additional Services and Fees:

- FELV/FIV Combo (test only) \$30
- Petlink Microchip with lifetime registration \$25
- Praziquantel (dose given for tapeworms) \$10
- Nail Trim No Charge
- Donation \$ _____

Office Use Only

Pkg _____ - Dep _____
Total Additional Services _____
Donation _____
Total _____
Cash _____ Credit Card _____
Check _____ Check Num _____
Voucher _____

By signing below:

- You consent to surgery and associated services without prior lab work and complete physical examination of your cat(s).
- You consent to sterilization surgery being performed even if your cat is pregnant.
- You have withheld food for your cat since midnight.
- You have received a copy of the post-surgery instructions.
- You understand that even though we use proven anesthetic protocols and surgical techniques, there are inherent risks of complications, **including death**.

Owner/Agent/Caregiver Signature _____

Print Name _____ Date _____