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Spay/Neuter Clinic

PAYMENT DUE WITH APPLICATION

By APRIL 13th, 2018

NO REFUNDS OR TRANSFERS FOR NO SHOWS.

Make check made payable to Pet Friends, Inc.

Mail to Christie Yasofsky c/o Pet Friends

P.O. Box 484

Irwin, PA 15642



Applicant Information

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone Number:

() _____

Name of Cat:

Age: Weight: (estimate)

Color/Markings

Gender: Breed:
(Domestic short/medium/long hair)

Cat Information

Domestic

Feral/Wild/Stray

Services Requested:

Spay \$55

FVRCP \$15

FeLv/FIV Test \$25

Neuter \$40

Leukemia \$15

TOTAL: _____

How did you hear about this clinic?

Facebook

Flyer

Other _____

Please note the following:

- Surgery price includes rabies vaccination, flea and ear mite treatment, pregnancy termination, and ear tip (if feral)
- Females that are VERY pregnant at time of surgery are at a greater risk of complications/death
- If you do not bring the rabies certificate to the appointment the cat will be administered the rabies vaccine. (rabies tag is NOT enough proof of the vaccine)
- Frankie's Friends requires the signing of a surgery consent form on the day of the procedure
- **All feral cats must be in traps**
- All domestic cats must be in carriers
- Drop off time will be at 9 a.m. and you will be notified by a volunteer as to when to pick up your animal
- **Application and PREPAYMENT required**
- Limited number of appointments are available

By signing below I acknowledge that I will not hold Pet Friends, Inc. responsible or hold Pet Friends, Inc. liable for any damages incurred during this event.

Signature _____ Date: _____