

For office use only: Cash _____ Check No: _____ SNAP _____



Low Cost Feline Spay/Neuter Clinic

Please complete one application for each cat

MUST RETURN APPLICATION AND PAYMENT BY SEPT 11th, 2017.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Cat's Information

Cat's Name: _____ Breed/Color: _____

Age (if known): _____ Approx. Weight: _____ Male/Female: _____

Indoor/Outdoor/Feral: _____

***Feral cats MUST BE in a trap**

Any chance cat is pregnant? _____

Services Requested

Spay: \$50 _____

Neuter: \$35 _____

FVRCP: \$15 _____

FIV/FelV test: \$25 _____

Leukemia Vaccine: \$15 _____

PAYMENT DUE WITH APPLICATION

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

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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
- Other vaccinations and tests available for additional fees

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

Signature:_____ Date:_____