

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



Low Cost Feline Spay/Neuter Clinic

Please complete one application for each cat

MUST CALL 724-863-7722/EMAIL cats.petfriends@gmail.com TO BE PRE-REGISTERED AND RETURN APPLICATION AND PAYMENT ONE WEEK BEFORE CLINIC DATE.

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: _____ Color: _____ Hair Length: _____

Age (if known): _____ Male/Female: _____

Indoor/Outdoor/Feral: _____ ***Feral cats MUST BE in a trap**

CLINIC DATE REQUESTED: _____

Services Requested

Spay: \$55 _____

Neuter: \$40 _____

FVRCP: \$10 _____

FIV/FelV test: \$25 _____

Leukemia Vaccine: \$12 _____

**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)
- 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 **ONE CAT PER CARRIER**
- Drop off time will be between 10 and 11 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
- **IF APPLICATION IS NOT RECEIVED BY THE SUNDAY BEFORE CLINIC YOUR SPOT WILL BE RELEASED**

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: _____