

Paradox Spay/Neuter Clinic Admission

CAT

Owner Information (Please Print Clearly)

Date: _____
Name: _____ Address: _____ City: _____
Zip: _____ County: _____ Home # _____ Cell/Work # _____
E-Mail Address _____ How did you hear about us? _____
Do you have any outdoor cats in your area that need to be sterilized? Y/N Have you been here before? Y/N

Pet Information

#1 Pet Name: _____ Male _____ Female _____ Age: _____ Weight: _____
Breed: _____ Color: _____ Short Medium or Long Hair _____
List any health problems your pet may have: _____

#2 Pet Name: _____ Male _____ Female _____ Age: _____ Weight: _____
Breed: _____ Color: _____ Short Medium or Long Hair _____
List any health problems your pet may have: _____

FEMALE: Spay: \$55 _____ MALE: Neuter: \$35 _____

**ALL surgeries include one dose of pain medication.
Pregnant \$15 to \$50 EXTRA**

Vaccines & Testing (optional)

Rabies \$16 _____ FVRCP \$16 _____ Leukemia \$16 _____ **Boosters Required** _____
Felv/Fiv Test \$32 _____ Negative _____ Positive _____ w/ _____
Nail Trim \$5 _____ Soft Paws \$20 _____ (front only) Microchip: \$25 _____
Flea/Tick Prv (1m) _____ (6m) _____ W/ _____ \$ _____
Ear Exam _____ \$5 _____ \$10 _____ Negative _____ Positive _____ w/ _____
Fecal Exam \$12 _____ Negative _____ Positive _____ w/ _____
Dewormer _____ W/ _____ \$ _____
Addtl Pain Meds \$10 _____ for 3 days Antibiotics _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Female Cats

I give my permission to have my female cat spayed even though she may be in **heat or pregnant** **incurring additional charges.** (Please initial) Yes _____

Anesthesia Release

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand there are risks associated with anesthesia and surgical procedures. I give my permission to have my pet(s) listed above surgically sterilized. If my pet(s) has fleas I understand a Capstar will be given and \$3.00 per animal will be added to my bill.

Signature: _____ Date: _____

**PAYMENT IS DUE AT TIME OF PICK UP! NO EXCEPTIONS!
CASH, DEBIT OR CREDIT CARD ONLY! WE DO NOT ACCEPT CHECKS!**

Total Paid \$ _____