

# 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: \_\_\_\_\_

#3 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 \_\_\_\_\_ Does he have 2 testicles? Yes/No

## **Pregnant \$20 to \$50 EXTRA**

### Vaccines & Testing (optional)

Rabies \$16 \_\_\_\_\_ FVRCP \$16 \_\_\_\_\_ Leukemia \$16 \_\_\_\_\_ **Boosters Required** \_\_\_\_\_

Felv/Fiv Test \$32 \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ w/ \_\_\_\_\_

Nail Trim \$10 \_\_\_\_\_ Soft Paws \$20 \_\_\_\_\_ (front only) Microchip: \$25 \_\_\_\_\_

Flea/Tick Prv (1m) \_\_\_\_\_ (6m) \_\_\_\_\_ W/ \_\_\_\_\_ \$ \_\_\_\_\_

Ear Exam \_\_\_\_\_ \$12 \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ w/ \_\_\_\_\_

Fecal Exam \$12 \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ w/ \_\_\_\_\_

Dewormer \_\_\_\_\_ W/ \_\_\_\_\_ \$ \_\_\_\_\_

Addtl Pain Meds \$15 \_\_\_\_\_ for 3 days Antibiotics at Doctor discretion \$12-\$25 \_\_\_\_\_

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!**

Total Paid \$ \_\_\_\_\_

CASH, DEBIT OR CREDIT CARD ONLY! WE **DO NOT** ACCEPT CHECKS!