

- FERAL CAT FORM -

Paw Prints Animal Hospital · 8500 Bensville Rd · Waldorf, MD 20603 · 301-885-0263
The Spay Spot · 3750 Brown Station Rd · Upper Marlboro, MD 20772 · 301-254-8151

PICK-UP PERSON: _____ PHONE: _____

CAREGIVER NAME: _____ PHONE: _____

ADDRESS: _____

CAT NAME: _____ BREED: _____

COLOR: _____ SEX: _____ AGE: _____

PACKAGES: THE **FERAL SPAY PACKAGE IS \$85** AND INCLUDES SPAY, RABIES, FVRCP, BRAVECTO DE-FLEA/DE-WORMER AND EAR TIP. THE **FERAL NEUTER PACKAGE IS \$75** AND INCLUDES NEUTER, RABIES, FVRCP, BRAVECTO DE-FLEA/DEWORMER AND EAR TIP. (REVOLUTION MAY BE PURCHASED A LA CARTE - SEE BELOW) **PLEASE INDICATE YOUR SELECTIONS BELOW:**

☐ **SPAY/NEUTER PACKAGE \$85/\$75**

- Spay/Neuter
 - Rabies Vaccine
 - FVRCP Vaccine
 - De-Worming
 - De-Flea
 - Ear-Tip
- (All Included)*

A LA CART PROCEDURES:

- ☐ Spay \$90/ Neuter \$80
- ☐ Rabies Vaccine \$20
- ☐ FVRCP Vaccine \$30
- ☐ Combo Test \$45
- ☐ Microchip (if chip provided) \$0
- ☐ Microchip (if chip not provided) \$30
- ☐ Other: _____
- ☐ _____

1) Any female animal over the age of 3 months has the potential to be in heat. Due to the individual nature of each pet, it may not be possible to see this externally. There is an additional fee of \$10 if your female cat is in heat.

2) I certify that my feral is in good health and has not had any food or water since 10pm last night.

3) I am aware of the possibility of complications and agree to take my animal to an emergency veterinary hospital and be financially responsible for the subsequent treatment.

4) I am the owner/agent of the above described pet and have the authority to give consent.

5) I hereby consent to and authorize surgery and waive all claims or damages against The Spay Spot and any of its officers, employees, or contractors.

6) I understand that payment is required in full on the day of surgery and that The Spay Spot does not offer financial plans.

7) I AGREE TO PICK MY PET UP BY 3PM THE DAY OF THE SURGERY OR I WILL BE CHARGED A FEE OF \$20/HR.

8) I AM AWARE THAT IF FLEAS OR TICKS ARE FOUND ON MY ANIMAL, TREATMENT WILL BE ADMINISTERED AT MY EXPENSE (\$15-\$19).

9) IF DURING A SPAY SURGERY WE FIND AN INFECTED UTERUS (PYOMETRA) THERE WILL BE AN ADDITIONAL CHARGE FROM (\$400- \$800).

BY SIGNING BELOW I AGREE THAT I HAVE READ ALL OF THE ABOVE BULLET POINTS AND UNDERSTAND THERE COULD BE EXTRA CHARGES WHEN CHECKING OUT.

Signature: _____ Date: _____