



# Spay/Neuter Intake Form

PO Box 773175  
Ocala, FL 34477  
Phone: 352-840-0663  
www.shelteringhands.org

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

By providing your email, Sheltering Hands will periodically send information about upcoming events, programs and fundraising opportunities. Your information is governed by our privacy policy, we **do not** share or sell your information to third parties.

## Cat Information, if known

Cat Name \_\_\_\_\_ Male \_\_\_ or Female \_\_\_  
Breed/Color \_\_\_\_\_ Owned \_\_\_ or Community \_\_\_

**Spay/Neuter Package: Surgery, Rabies vaccine, Flea Prevention, Pain Medication, Basic Exam - \$65.**  
**FVRCP vaccine is provided free of charge courtesy of Petco Love or Sheltering Hands.**

### Mark your choice

No Ear Tip \_\_\_\_\_ **OR** \_\_\_\_\_ Ear Tip (upper tip of left ear indicates cat is spayed/neutered)

### Additional Services and Fees:

\_\_\_\_\_ Petlink Microchip with Registration \$25      \_\_\_\_\_ Nail Trim (no charge)  
\_\_\_\_\_ Praziquantel (tapeworm dewormer) \$10  
\_\_\_\_\_ FIV/FelV Combo Test \$30      \_\_\_\_\_ Donation Amount

### By signing below:

- You consent to surgery including a tattoo and associated services without prior lab work and complete physical examination of your cat(s).
- You consent to sterilization surgery being performed even if your cat is pregnant.
- You have withheld food for your cat since midnight
- You have received a copy of the post-surgery instructions.
- You understand that even though we use proven anesthetic protocols and surgical techniques, there are inherent risks of complications, **INCLUDING DEATH.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DO NOT RESUSCITATE

If your cat should stop breathing/cardiac arrest, we will perform CPR and other measures to resuscitate your cat. These measures could result in your cat having issues. If you **DO NOT** want us to Resuscitate your cat please sign below.

### DO NOT RESUSCITATE MY CAT PER MY SIGNATURE BELOW

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only Surgery Total \_\_\_\_\_ Misc Total \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Voucher \_\_\_\_\_ Check # \_\_\_\_\_