



# Spay/Neuter Intake Form

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Email: [info@shelteringhands.org](mailto:info@shelteringhands.org)  
[www.shelteringhands.org](http://www.shelteringhands.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

## Cat Information, if known

Cat Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

For cats six months of age or older, I have withheld food since midnight. Initial Here \_\_\_\_\_

## Spay/Neuter Package Includes:

**Surgery, Rabies and FVRCP vaccines, Revolution, Antibiotics, Pain Medication - \$50**

## Mark your choice

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

### Additional Services and Fees:

- FELV/FIV Combo (test only)                      \$25
- Petlink Microchip with lifetime registration                      \$25
- Praziquantel (dose given for tapeworms)                      \$10
- Nail Trim                      No Charge
- Donation                      \$ \_\_\_\_\_

Office Use Only

Spay/Neuter Package	_____
Total Additional Services	_____
Donation	_____
<b>Total</b>	_____
Cash	___
Credit Card	___
Check	___
Check Num	_____

By signing below:

- You consent to surgery 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 understand that even though we use proven anesthetic protocols and surgical techniques, there are inherent risks of complications, including death.

Owner/Agent/Caregiver Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_