



# Spay/Neuter Intake Form

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Ocala, FL 34477  
Phone: 352-840-0663  
Email: [info@shelteringhands.org](mailto:info@shelteringhands.org)  
[www.shelteringhands.org](http://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 \_\_\_\_ Female \_\_\_\_ Age/DOB \_\_\_\_\_

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

**Spay/Neuter Package: Surgery, Rabies vaccine, Flea Prevention, Pain Medication - \$55. 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:

- FELV/FIV Combo (test only)                      \$30
- Petlink Microchip with lifetime registration                      \$25
- Praziquantel (dose given for tapeworms)                      \$10
- Nail Trim                      No Charge
- Donation                      \$ \_\_\_\_\_

Office Use Only

Pkg _____ - Dep _____
Total Additional Services _____
Donation _____
<b>Total</b> _____
Cash ____ Credit Card ____
Check ____ Check Num _____
Voucher _____

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 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.**

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

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