

Phone ___ Email ___ PFE ___ PETCO ___ Other ___

Intake Date: ___/___/___

SCFOA Spay/Neuter Request

Name: _____ Email Address: _____
Phone (home): _____ Cell: _____ Work: _____
Address: _____

Animal Information (circle): Cat Dog Foster: ___ Personal Pet ___ Feral ___ Friendly Stray ___ Colony Name _____
Dog/Cat Name _____ Description _____ Age of animal: _____ Kitten-Teen-Adult-Senior
Gender: Male ___ Female ___ Pregnant/in-heat Female ___ Animal is: Indoor ___ Outdoor ___ Both ___
Prior Vaccines/tests: None ___ FeLV ___ FVRCP ___ DHPP ___ Rabies ___ Other _____ General Health _____

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Procedures Requested

CATS: Spay /Neuter \$50 **Lab/test:** FeLV (-6 mos) \$13 ___ (+6 mos) \$18 ___ **Vacs:** FeLV \$9 ___ FVRCP \$7 ___ Rabies \$6 ___

DOGS: Spay /Neuter \$125 **Vacs:** DHPP \$8 ___ Rabies \$6 ___

Additional Information:

_____ Animals must be delivered to central location. Time and location will be provided when appointment is confirmed.

_____ Have we helped/done other pets for you in the past?

_____ Do you need a trap for a feral? If so, refundable trap deposit is \$50.

_____ Prepayment/donation is required prior to scheduling and is non-refundable if you fail to show for appointment without notice.

_____ Appointment cancellation must be made in advance or you may forfeit your payment and lose future services.

_____ Animal must be in carriers (no cardboard) labeled with owner name, address, and phone number and include animal name and sex. Identical looking animals must have different colored collars.

Surgery Instructions: Kittens must be at least 2 lbs & 8-10 weeks old. Kittens may eat and drink before surgery. Animals over 1 year old must fast midnight prior to surgery day. Dogs: no food after midnight. Animal must be healthy and with no upper respiratory issues.

(Office use only):

Amount Quoted/Donated for Services \$ _____ **Low Income \$** _____ **No charge** _____ **Foster** _____ **Feral** _____

Date this information added to master s/n list: ___/___/___

Procedure Scheduled: ___/___/___ **Facility:** _____ **Date Completed** ___/___/___



Interviewer Name _____ Date _____ scfoa sn0211