

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