

MALE SELECT SERVICES

PET'S NAME: _____ AGE: _____

Owner's Last Name: _____

CIRCLE "YES" for each service you request:

YES**ULTIMATE - Neuter PACKAGE - \$145.**

INCLUDES: Physical exam, Sterilization with Pain Medication, Feline Leukemia & Feline AIDS testing, FVRCP vaccine*, Rabies vaccine, Nail Trim, Ear cleaning, Ear mites Treatment, microchipping, Revolution® treatment for fleas & intestinal parasites
/ *add leukemia vaccine for \$10

YES**VALUE – Neuter PACKAGE- \$115.**

INCLUDES: Physical exam, Sterilization with pain medication, Feline Leukemia & Feline AIDS testing, FVRCP vaccine*, Rabies vaccine, Nail Trim, Ear cleaning / * add leukemia vaccine for \$10

YES**Neuter Surgery Only - \$60.**

YES**Rabies Vaccine - \$10.**

All animals are required to be vaccinated for rabies unless proof of prior vaccination is provided at time of check-in.

ONLY for CATS Being TESTED for FeLV & FIV

If my cat is found **Positive** for **Feline Leukemia (FeLV)**

I would like to: () Decline Euthanasia
() EUTHANIZE – See form below.

If my cat is found **Positive** for **Feline Aids (FIV)** I would like to:

() Decline Euthanasia () EUTHANIZE – See form below

Individual Services:

YES **FeLV/FIV test - \$30.**
Recommended for all cats but particularly those in multi-cat households. **For cats that test positive** for FeLV: This cat imposes a significant health threat to other cats. In this situation, euthanasia should be considered.

YES**Revolution® Treatment - \$16.**
Protection against fleas, heartworm disease & treatment & control of hookworms, roundworms & ear mites

YES**Microchipping - \$20.**

YES**Dewormer-Tapeworms - \$15.**

YES ..**Dewormer- Roundworms/ Hookworms- \$10.**

YES**Nail Trim - \$12.**

YES**Ear Cleaning - \$10.**

YES**Ear mites Treatment - \$10.**

YES**Distemper (FVRCP) Vaccine - \$15.**

YES**Leukemia Vaccine - \$15.**

YES**Distemper Vaccine with Leukemia-\$25**

I agree to pay in full for all services rendered at the time of discharge.
Estimated cost may vary between \$_____ & \$_____

Signature: _____

Date: _____

(ONLY TO BE SIGNED IF YOU AUTHORIZE EUTHANASIA)

~ RELEASE ~

Animal's Name: _____ **Color:** _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the animal described above, that I am 18 years or older, and that I do hereby give CEI Low- Cost Spay Clinic, its agents, servants and representatives full and complete authority to humanely euthanize the said animal and I do hereby and by those present forever release the veterinary facility and its employees from any and all liability for so euthanizing the said animal. I do also certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last fifteen (15) days and has not been exposed to rabies.

Print Name: _____

Signature: _____

Date: _____