

Spay/Neuter Clinic



PAYMENT DUE WITH APPLICATION

NO REFUNDS OR TRANSFERS FOR NO SHOWS.

Make check made payable to Pet Friends, Inc.

Mail to Christie Yasofsky c/o Pet Friends

P.O. Box 484

Irwin, PA 15642



Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone Number: () _____

Name of Cat: _____ Age: _____ Weight: (estimate) _____

Color/Markings _____ Gender: _____ Breed: _____
(Domestic short/medium/long hair)

Cat Information

- Domestic Feral/Wild/Stray

Services Requested:

- Spay \$55 FVRCP \$15 FeLv/FIV Test \$25
- Neuter \$40 Leukemia \$15 TOTAL: _____

How did you hear about this clinic?

- Facebook Flyer Other _____

Please note the following:

- Surgery price includes rabies vaccination, flea and ear mite treatment, pregnancy termination, and ear tip (if feral)
- Females that are VERY pregnant at time of surgery are at a greater risk of complications/death
- If you do not bring the rabies certificate to the appointment the cat will be administered the rabies vaccine. (rabies tag is NOT enough proof of the vaccine)
- Frankie's Friends requires the signing of a surgery consent form on the day of the procedure
- **All feral cats must be in traps**
- All domestic cats must be in carriers
- Drop off time will be at 9 a.m. and you will be notified by a volunteer as to when to pick up your animal
- **Application and PREPAYMENT required**
- Limited number of appointments are available

By signing below I acknowledge that I will not hold Pet Friends, Inc. responsible or hold Pet Friends, Inc. liable for any damages incurred during this event.

Signature _____ Date: _____