



CHA Animal Shelter Low Cost Cat Spay Neuter Clinic Information

FEE SCHEDULE

Male Cat Neuter 55.00 Female Cat Spay 70.00

All Surgeries Include Rabies Vaccination and Pain Medication!

Additional Services available with Spay or Neuter only!

FVRCP Vaccine*	10.00	Microchip	25.00
Feline Leukemia Vaccine*	10.00	Frontline	5.00
Ear Mite Treatment	10.00	FeLV/FIV test	20.00
Wormer *	5.00	Nail Trim/Ear Cleaning	10.00

*These vaccines may need to be boosted in 3-4 weeks, by your veterinarian.

ALL SURGERIES MUST BE **SCHEDULED BY APPOINTMENT**. PREPAYMENT IS ENCOURAGED AS YOUR APPOINTMENT IS NOT CONFIRMED UNTIL PAYMENT IS RECEIVED. ALL APPOINTMENTS NOT PREPAID WILL BE TAKEN ON A FIRST COME FIRST SERVED BASIS. WE ACCEPT VISA OR MASTERCARD, CASH, OR CHECK FOR ANY PRODUCT OR SERVICE. ABSOLUTELY NO REFUNDS.

All CATS must be at least 16 weeks old and weigh a minimum of 3 pounds. They must be dropped off and picked up in a carrier, preferably not made of soft material. If you do not have a carrier you can purchase one for \$8.00.

APPOINTMENTS: When we receive your application, we will assign you an appointment date. Please include a self-addressed, stamped envelope with this application and payment, and we will promptly reply with your pre-surgical instructions, map, and appointment date. FAILURE TO SHOW UP FOR YOUR APPOINTMENT WILL RESULT IN THE LOSS OF ALL SURGICAL FEES PAID.

Please be available between 1:00pm and 4:00pm to pick up your pet. Times may vary.

Any cat not claimed at the end of the day will become the property of CHA Animal Shelter.

It is the owner's responsibility to be sure that any animal presented for surgery is clean and in good health. We strongly urge that your pet go to your regular veterinarian at least annually for vaccinations and preventative health care. The staff reserves the right to refuse to perform surgery on any animal they deem as a poor surgical risk, or for any other reason.

CHA Animal Shelter is unable to provide ANY post surgical care. You will be responsible for any postoperative care at your expense.

All surgeries are performed by a licensed, accredited veterinarian.

Thank you for helping fix the pet overpopulation problem by fixing your pet!

For Appointments and questions email CatClinic@CHAAnimalShelter.org



CHA Animal Shelter Low Cost Cat Spay Neuter Clinic

3765 Corporate Dr Columbus OH 43231

catclinic@chaanimalshelter.org

Application for spay/neuter surgery

Owners' Full Name _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work/Cell (_____) _____

Email Address: _____

Pets Name _____ Pets Age _____

Breed _____ Color(s) _____

My Cat lives Inside Outside Both

Is your pet Pregnant? Yes No Unsure (we do spay pregnant animals for an additional \$20.00 donation)

Has your pet recently had a litter? Yes No Date _____

Please list any current health problems and medications: _____

I authorize the following services:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Male Cat Neuter | 55.00 | <input type="checkbox"/> Female Cat Spay | 70.00 |
| All surgeries include rabies vaccination and pain medication! | | | |
| <input type="checkbox"/> Microchip | 25.00 | <input type="checkbox"/> FVRCP Vaccine* | 10.00 |
| <input type="checkbox"/> Feline Leukemia Vaccine* | 10.00 | <input type="checkbox"/> Frontline | 5.00 |
| <input type="checkbox"/> Ear Mite Treatment | 10.00 | <input type="checkbox"/> FeLV/FIV test | 20.00 |
| <input type="checkbox"/> Wormer | 5.00 | <input type="checkbox"/> Nail Trim/Ear Cleaning | 10.00 |
| <input type="checkbox"/> Cat Carrier | 8.00 | <input type="checkbox"/> E-Collar *recommend for all surgeries | 10.00 |

Total \$ _____ I have enclosed my check Please charge my credit card

Additional charges of 20.00 for pregnant cats, and 15.00 for Cryptorchid males (retained testicle) possible.

I WOULD LIKE TO APPLY FOR FINANCIAL ASSISTANCE. Please send me information.

We accept Visa and MasterCard transactions.

Visa or MasterCard # _____ Expiration Date _____

Approval Signature _____

Did you:

Enclose a self-addressed, stamped envelope so we can promptly return your pre-surgical instructions with your appointment date and time?