

P.E.T.S. Low Cost Spay and Neuter Clinic- **Walk In's Only**
(940) 723-PETS (7387)

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No checks

Date: _____

Owner Name: _____ Address: _____

City/State/Zip: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

By signing below, I hereby agree that the circled procedures have been approved by me. To my knowledge my cat/dog is healthy and has not bitten anyone in the past ten days. I agree to hold harmless and release from liability P.E.T.S. Low Cost Spay and Neuter Clinic from any illness or fatality that results from my pet receiving the following treatment(s).

Signature of owner

How did you hear about our clinic? _____ Have you or your pet been here before: _____

Pet's name: _____ Species: CAT/ DOG Breed: _____

Color: _____ Age: _____ Sex: Male /Female Spayed/Neutered: Yes/No

------(For P.E.T.S. use only)-----

Weight: _____ Rabies #: _____ City tag #: _____

Rabies \$10.00/\$12.00

DOGS

DAV2PPv+Cv \$15.00

DAV2PPv +CV + Rabies \$22.00/\$27.00

Bordetella \$10.00

Canine Influenza \$25.00

Heartworm Test \$20.00 NEG POS

4way Heartworm Test \$25.00: _____

Heartworm Prevention

Triheart Plus 6 months: 1-25 lbs \$25.00

26-50 lbs: \$30.00

51-100lbs \$35.00

City Tag Registration \$7/\$25 (1yr) or \$14/\$60 (3yr)

Microchip \$15.00 email: _____

Electronic ID Tag \$5.00

Capstar \$8.00

Vectra 3D (Monthly) \$14

Nexgard Flea/Tick Pill for Dogs (Monthly) \$20

Bravecto Flea/Tick Pill for Dogs (Tri-monthly) \$45

CATS

FVRP -C \$15.00

FVRP-C+Rabies \$22.00/\$27.00

FeLV \$10.00

Felv/Fiv Test \$20.00 NEG POS

Catego Flea Topical for Cats (Monthly) \$12

Bravecto Flea/Tick Pill for Cats (Tri-monthly) \$36

Drontal De-Wormer: (intestinal worms)

Feline \$6.00 per pill _____

PPM De-Wormer: (intestinal worms)

Canine:

2-10lbs \$2, 11-20lbs \$4, 21-30lbs \$6, 31-40lbs \$8,

41-50 \$10, 51-60lbs \$12 61-70lbs \$14,

71-80lbs \$16, 81-90lbs \$18 91-100lbs \$20,

101-110lbs \$22, 111-120lbs \$24

Collars: \$2.00

Nail Trim: No Charge

Total Money Owed: \$ _____

Cash

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Credit

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Charge

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(For P.E.T.S. use only)

Initial of vaccine administrator: _____

Time: _____

Temp: _____

Other Information:
