



# Spay Neuter Express (please print)

Today's Date:		ID #: <small>(For Hospital Use Only)</small>	Weight	Sex
Last Name:		First Name:		Middle:
Address:		City:	State:	Zip:
Phone-Where you can be reached today:		Phone Number - Other:		
How did you hear about us?				
Pet Name:		Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<input type="checkbox"/> Canine <input type="checkbox"/> Feline	Breed:		Color:	
Any previous medical problems? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe: _____ _____ _____				

**The following services are available. All services must be paid in full prior to services rendered.**  
*Check all additional services.*

Dogs	Cats
<input type="checkbox"/> Pain Control \$10.00	<input type="checkbox"/> Pain Control \$10.00
<input type="checkbox"/> AVID Microchip \$20.00	<input type="checkbox"/> AVID Microchip \$20.00
<input type="checkbox"/> Rabies Vaccine \$10.00	<input type="checkbox"/> Rabies Vaccine \$10.00
<input type="checkbox"/> Distemper/Lepto/Parvo Vaccine \$10.00	<input type="checkbox"/> Distemper/Upper Respiratory Vaccine \$10.00
<input type="checkbox"/> Heartworm Test \$15.00	<input type="checkbox"/> Feline Leukemia Vaccine \$10.00
<input type="checkbox"/> Fecal Worm Test \$15.00	<input type="checkbox"/> Fecal Worm Test \$15.00
<input type="checkbox"/> General De-wormer \$10.00	<input type="checkbox"/> Feline Leukemia/FIV/Heartworm \$25.00
<input type="checkbox"/> Flea Treatment (Frontline) \$15.00	<input type="checkbox"/> Tapeworm Treatment \$15.00
<input type="checkbox"/> Bordetella Vaccine \$10.00	<input type="checkbox"/> General De-wormer \$10.00
<input type="checkbox"/> Tape Worms \$ Price Based on Weight	<input type="checkbox"/> Flea Treatment/Parasite Control (Revolution) \$15.00
	<input type="checkbox"/> Ear Mite Treatment \$10.00

*The above information is true to the best of my knowledge, I authorize the direct Spay Neuter Express and Animal Hospital of Lowell, and its veterinarians and other employees to treat my pet. The nature of these procedures has been explained to me and no guarantee has been implied or made as to the results or cure. I understand that there may be risk involved in the treatment of my pet, including death. I will read the discharge instructions and will be responsible for the after care of my pet. I authorize and direct the doctors and staff of Spay Neuter Express to perform anesthesia, surgery and other treatment for my pet.*

X

SIGNATURE

DATE