

Almost Eden Rescue Spay and Neuter Transport

Owner Name

Address

Phone Number

Email

Pet Name

Cat type

Sex

Color

Owner Release: *For the enhanced protection of your pet, we recommend pre-surgical screening of all pets prior to administration of anesthetics. This is to be done at your private veterinarian prior to transport and will not be done by us. If any after care services are needed, that will be at the owner's own expense with their private veterinarian and not in anyway is transport, the rescue, nor the spay and neuter clinic responsible for any additional fees.*

<input type="checkbox"/> Spay or Neuter	\$75.00
<input type="checkbox"/> Microchip and Registration	50.00
<input type="checkbox"/> Rabies	15.00
<input type="checkbox"/> Combo shot	20.00
<input type="checkbox"/> Extra Pain Medicine to take home	15.00
<input type="checkbox"/> Head Cone	12.00

I understand that if my pet has undescended testicles located in the abdomen or inguinal areas it will be additional _____(initial)

In the event of an anesthetic emergency I do _____(initial) or

don't _____ (initial) authorize CPR and emergency medications to be administered for an extra fee.

I understand that anesthesia and surgery always involves some risk to my pet and agree to hold you harmless in the absence of negligence, for additional risks/complications resulting from this service. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I have read the foregoing, understand what it says, and agree.

Signature _____

Printed Name of Owner/Agent _____

Date _____

Best Number to Reach you for emergency _____