



Haywood Spay/Neuter Transport Form

Transport Date: _____

Office Use Only <input type="checkbox"/> Email Sent
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Animal Information

ALL INFORMATION IS REQUIRED!! PLEASE WRITE LEGIBLY!!

Pet Name: _____ (Circle one) Cat Dog (Circle one) Male Female

Breed: _____ Color: _____ Age: _____ Yrs and _____ Months

Weight: _____ Lbs Is your pet anxious and/or has a potential to bite? (Circle one) Yes No

Owner Information

Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Street Address: _____ City: _____

State: NC Zip: _____ **DAY OF SURGERY EMERGENCY CONTACT PHONE#: _____**

Appointment Notes (Please be as specific as possible)

Does your pet have any known health risks? (Circle one) Yes No

If YES, please explain: _____

Is your pet on any medication now or within the last six months? (Circle one) Yes No

If YES, please list medication(s): _____

Crate Rental - \$5 (Circle Crate Size) XL L M S

Services for DOGS (check off what you want)

- Rabies 1 Yr - Free
- *Rabies 3 Yr - Free
- Microchip - \$5
- Nail Trim - Free
- Bordetella - \$10
- Hernia Repair - \$15
- **E-Collar - \$10
- Distemper/Parvo \$10

*3 Year Rabies shot requires proof of a current 1 Year Rabies shot

**E-Collars are included free-of-charge for Male Dogs

Services for CATS (check off what you want)

- Rabies 1 Yr - Free
- *Rabies 3 Yr - Free
- Microchip - \$5
- Nail Trim - Free
- Hernia Repair - \$10
- E-Collar - \$10
- Feline Distemper - \$10

*3 Year Rabies shot requires proof of a current 1 Year Rabies shot

There is a slight chance you may be charged for post-op medications deemed necessary by the ASPCA.

Surgery Release – No liability shall be held against Haywood Spay/Neuter, by owners/agents receiving spay/neuter assistance for their animal(s). I agree that I have not or will not claim any right of compensation from Haywood Spay/Neuter of file action by reason of such sterilization or attempted sterilization of such animal(s) or any consequences related thereto.

Cancellation Policy – If you must cancel or rebook your appointment, we require at least 24 hours notice. Cancellations or missed appointments without 24 hour prior notice are non-refundable.

Owner's Signature: _____ Date: _____

OFFICE USE ONLY: # IN HOUSEHOLD: _____ MONTHLY INCOME: _____