CATS – Service Request Contract – VACCS only (1-24-2018)

PET INFORMATION

CAT’S Name_________________________ Age ______ Yrs/Mo?
Breed________________________ Color______________________________

Sex: MALE  FEMALE; Is your cat SPAYED OR NEUTERED? YES NO
If NO, would you like to schedule a LOW-COST SURGERY? YES NO

Medical waste disposal fee - $5   Office Visit Fee: Mon-Thurs - $15 and Fri-Sun. - $25

PLEASE INITIAL YOUR CHOICES:

KITTEN-101: BEGINNERS
(8 to 12 weeks old)
FVRCP + DEWORM (hooks/rounds)
$25

CAT-102: THE BASICS
(12 weeks or older)
RABIES + FVRCP (Distemper)
$25

CAT –103: BASICS PLUS
(Must be at least 12 weeks old)
RABIES + FVRCP + FELINE LEUKEMIA
$45

CAT-104: THE WORKS
(Must be at least 6 months old)
RABIES + FVRCP + FELINE LEUKEMIA + DEWORM
+ FELINE LEUKEMIA TEST
$65*
(* Add $15 for FIV Test)

PLEASE CIRCLE & INITIAL YOUR CHOICES:

RABIES VACC. $15.00 BRAVECTO- TOPICAL $55.00
FELINE LEUKEMIA VACC. $23.00 Advantage Mult-6 Pack $101-108
FVRCP VACC. (Distemper) $18.00 FECAL TEST $17.00
FELINE LEUKEMIA TEST $22.00 NAIL CLIP (Does not include filing) $15.00
FELINE LEUKEMIA/FIV COMBO TEST $33.00 MICROCHIP - $27.00
DEWORM - Hookworms/Roundworms $18.00 (w/lifetime registration)
DEWORM - Tapeworms $18.00 EAR CLEANING $22.00
SEDATION $35.00

Please Initial

Yes  No

Any known reactions to vaccinations or other medications? If yes, which: ____________________________
__________________________________________________________________________________________.

Taking any medications? If yes, which: ____________________________________________________________

YES, I’D LIKE TO DONATE AN EXTRA $_____ TO HELP HOMELESS ANIMALS
The Houston Humane Society is dedicated to, and working towards, ending cruelty, abuse and the over population of animals while providing the highest quality of life to those in our care. The HHS receives NO local, state or federal government funding. HHS is NOT affiliated with and DOES NOT receive operational funding from any national animal welfare organization.
Owner Information

Owner(s) ____________________________________________
Texas DL #: __________________________________________
Address _____________________________________________
City, State, Zip __________________________ County________
Day phone(______)_____________ Other(cellular)(______)_____________ Email __________________________

1. Number of children living in the household: __________
2. How many Children in the house are: _____ 5 y/o or younger _____ ages 6 - 10 y/o _____ ages 11 - 13 y/o _____ ages 14 - 18 y/o _____ ages 19 y/o or older
3. How did you hear about the HHS Wellness Center? __________________________________________________

PAYMENT IS DUE AT TIME OF SERVICE, CASH OR CREDIT/DEBIT CARDS, NO CHECKS.

Authorization

I authorize the attending veterinarian for the Houston Humane Society to perform the requested procedures, treatments and supply products on/for this animal.

This authorization is given with the complete understanding that THERE ARE POTENTIAL RISKS INVOLVED IN ALL MEDICAL PROCEDURES. I have notified the staff of any known medical, behavioral and/or physical conditions the animal may have and any medications that the animal is currently being given. I understand that any unknown, underlying problems may increase the risks of the procedures performed.

I fully authorize and agree to pay for the tendering of any emergency treatment that is deemed medically prudent and necessary for any complications immediately arising from the procedure(s) performed, based upon the sole discretion of the attending veterinarian.

I understand it’s my choice to use the HHS clinic or a private veterinary clinic, but that I am financially responsible for any and all future veterinary treatments, medications, services, etc. related to the animal described on the reverse side of this page.

I understand that a private veterinarian, of my choice, must perform any and all follow-up medical treatment, at my own expense.

I assume all risks, and release the Houston Humane Society, its directors, officers, employees and agents from any and all claims or liability resulting from procedures and/or services rendered.

I declare under penalty of perjury that I AM THE OWNER OF THE ANIMAL described on the reverse side of this page, OR I AM AUTHORIZED BY THE OWNER OF THE ANIMAL described on the reverse side of this page (WHETHER SEPARATE OR COMMUNITY PROPERTY) TO ACT ON THE OWNER’S BEHALF and I am responsible for any and all payments to the Houston Humane Society.

OWNER/AGENT ______________________ DATE ________________

SAFETY: For theirs, yours and ours, please have all dogs on leashes, and all cats in carriers.

Prices, days and times subject to change without notice.