

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

FOR OFFICE USE ONLY

WEIGHT _____

TEMP: _____

TEST RESULTS: POS NEG

MEDS _____
 R L

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)

Add FIV Test

PLEASE CIRCLE & INITIAL YOUR CHOICES:

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

WELCOME

Checked In _____

Animal Called _____

to the **Houston Humane Society** Animal Wellness Clinic



Owner Information

Owner(s) _____

Texas DL #: _____

Address _____

City, State, Zip _____ County _____

Day phone(_____) _____ Other(cellular)(_____) _____ Email _____

FOR OFFICE USE ONLY

CLIENT # _____

Data _____

Tech _____

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.

Exam Completed _____

Checked Out _____