

APPLICATION FOR SERVICES
REQUIREMENTS FOR SPAY/NEUTER

1. Pets must be in good health. High risk surgeries cannot be performed in our clinic.
2. Pets must be at least 3 months old and weigh at least 3 pounds.
3. Written proof of current rabies and distemper shots is required from a full service vet. If shots are not current, they will be given at the time of surgery. Payment for shots must be sent in with monies for surgery.
4. Fees for surgery (and required shots) must be paid before an appointment is made. When we receive your application with payment, we will call you to make an appointment.

NO REFUNDS: Due to the non-profit nature of the clinic, no refunds can be made. Returned check fee \$30. No out of state checks

PRE-SURGICAL INSTRUCTIONS

1. No food or water after 8:00pm the night before surgery.
2. Female and male dogs are to be brought in between 8:00 and 8:30, female and male cats between 8:30 and 9:00 on the day of the surgery. Clients will be called with exact pick-up time. Final pick-up time is 5:30 p.m. same day
3. Pets must be clean, healthy and free of fleas and ticks.
4. Cats must be in a carrier (please put in a towel) and dogs on a leash.
5. Give your dog a chance for a potty break at home and before entering the clinic or you may be subject to a cleanup fee of \$25.00.

Note: If the animal is pregnant or in heat, there will be an additional charge (Cat-\$15, Dog under 40#-\$20, Dog 40# & up-\$25)

For appointment, detach form with payment to PO Box 1886, Murfreesboro, TN 37133, or deliver with payment to clinic

Last Name: _____ First: _____
 Address: _____ City _____ ST: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell: _____

Check the requested services. (Use a separate form for each pet)

Services For Dogs and Cats:

Vaccinations

Rabies \$12 _____
 Canine Distemper \$12 _____
 Canine Bordatella \$12 _____
 Feline Distemper \$12 _____
 Feline Leukemia** \$12 _____

**Must have proof of negative feline leukemia test before vaccine can be administered.

Micro-Chip:

With Surgery \$12 _____
 Without Surgery \$22 _____

Nail Trim:

with surgery \$3 _____
 without surgery \$8 _____

Strongid (Puppy/Kitten) \$3+\$.25/cc/5 lbs. _____

Drontal (prices vary per animal weight) _____

Feline FeLv Test (Appointment Necessary)\$32 _____

Canine Heartworm Test (Appointment Necessary)\$25 _____

Surgery

Dog Neuter (Male)

Up to 35 lbs \$50 _____
 36-55 lbs \$60 _____
 56-75 lbs \$70 _____
 76-100 lbs \$90 _____

Dog Spay (Female)

Up to 35. lbs \$65 _____
 36-55 lbs \$75 _____
 56-75 lbs \$85 _____
 76-100 lbs \$100 _____
 Heat/Pregnancy (x<40lbs, \$20;
 x>40lbs, \$25 post surgery fee)

Cat Neuter (Male) \$40 _____

Cat Spay (Female) \$45 _____

(Heat/Pregnancy \$20-25 post surgery fee)

TOTAL _____

Pet's Name: _____ Age: _____ Sex: _____ Est. Weight: _____ Color: _____ Breed: _____

****(For cats, use long hair, short hair, or breed. For a mixed breed dog, list the predominate breed in the mix. Guess, if unknown.)****

Describe any special medical conditions or prior surgeries: _____

To the best of knowledge, I guarantee my pet is in good health at the time of services and has not shown any of the following symptoms in the past 3 days: Vomiting - diarrhea - runny nose - sneezing/coughing - lethargy - loss of appetite - seizures. I understand that shots given to a sick animal will not make the illness better, and may worsen the situation. I hereby release the Beesley Foundation from any and all claims and causes of action on account of said animal, both for myself and any and all others who might represent me. The undersigned owner or authorized agent of admitted patient hereby authorizes the admitting veterinarian (and his designated associates or assistants) to perform the above checked procedures.

Do you have a full service vet? yes ___ no ___ Were you referred by a vet? If so, which: _____

ALL ANIMALS MUST BE PICKED UP BY 5:30 P.M.! IF NOT, THERE WILL BE \$50.00 CHARGE. NO OVERNIGHT STAYS!!!!!!!!!!!!!!

PET OWNER/AGENT SIGNATURE _____ **DATE** _____