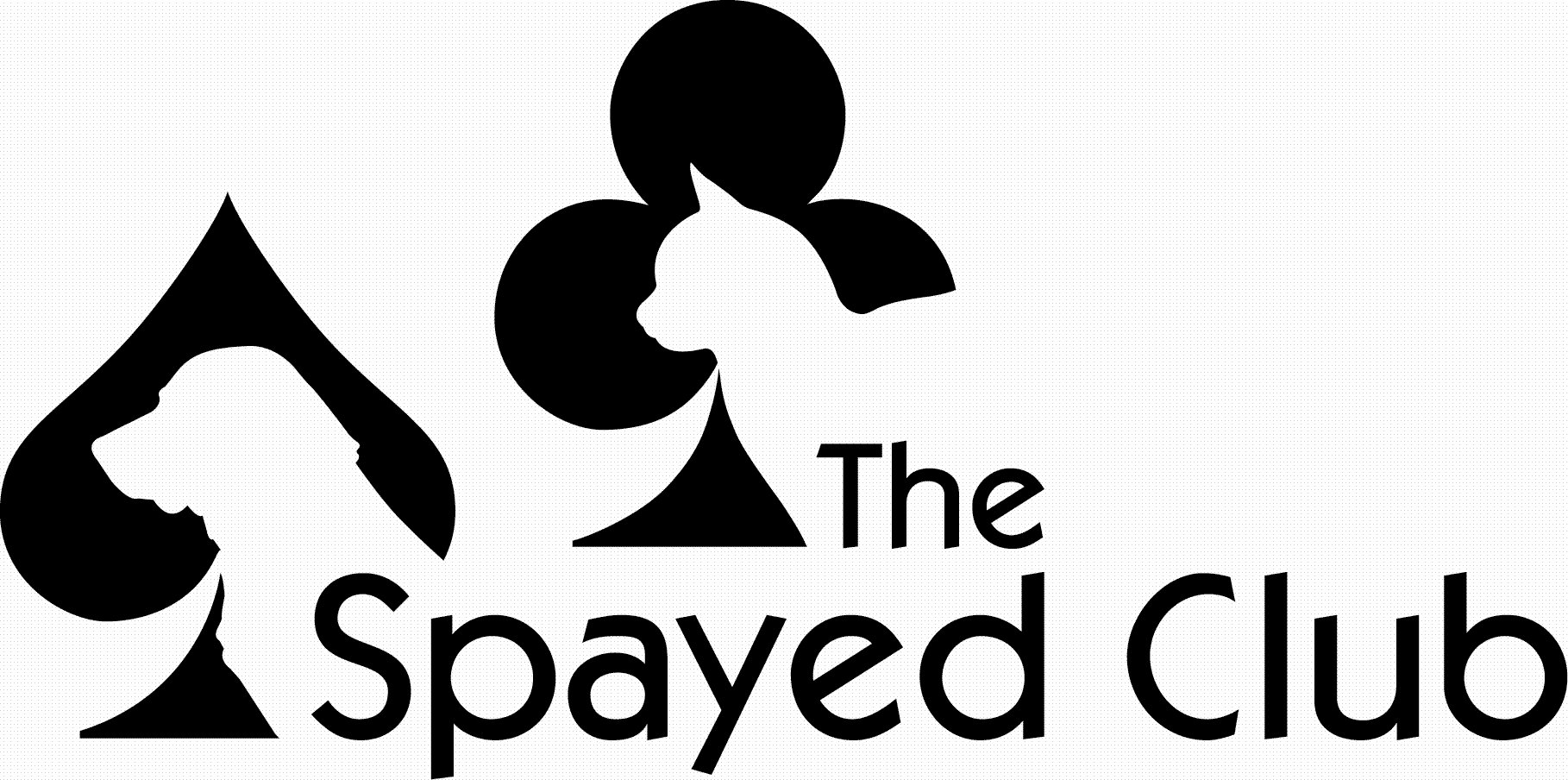
**Has this pet been to The Spayed Club Clinic before? Yes No**

**TSC Animal Number \_\_\_\_\_\_\_\_\_\_\_**



**The Spayed Club Clinic**

**Vaccine Clinic Registration Form**

**484-540-8436**[**www.thespayedclubclinic.org**](http://www.thespayedclubclinic.org)

**info@thespayedclubclinic.org**

**Please fill out one form for each animal, both sides**. **Please PRINT clearly.**

**Owner’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:\_\_\_\_\_ Zip**\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Information:**

**Pet’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pet’s Weight:** \_\_\_\_\_\_\_\_\_ (approximate)

**Species:** Cat **Sex:** Male Female **Spayed/Neutered?** Yes No

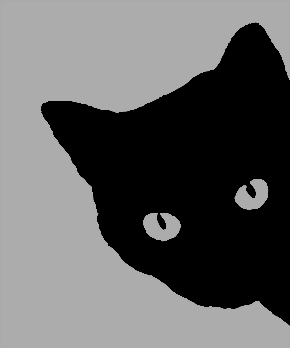
**Pet’s Age / Date of Birth:** \_\_\_\_\_\_\_\_ **Pet’s Breed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Color(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I am aware that all veterinary procedures and treatments involve a certain amount of risk. I am also aware that my pet will not receive an exam today. In the event that my pet requires additional treatment, I am responsible for seeking said treatment from a full-service veterinary clinic. The Spayed Club assumes no responsibility for follow-up treatment of animals.*

*\*We strongly encourage all pet owners to develop a relationship with a local veterinarian, and to take your pet for yearly exams. Many health problems can be caught early, or even prevented, with routine vet care. Please feel free to ask us for a referral.\**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Signature**  **Date**

2020 Vaccine Clinic Services for CATS

FLEA and TICK PREVENTION

Revolution for fleas single dose…………………………………………………………...…………$15

Revolution Plus for fleas & ticks 3-pack 2.8-5.5-5lbs (gold)….……………………...…………$45

Revolution Plus for fleas & tick 3-pack 5.6-11lbs (orange)..………………………...…………$45

Revolution Plus for fleas & ticksv3-pack 11.1-22lbs (green)….………………………………..$45

Bravecto for fleas & ticks 1 dose- works for 3 months……………………….…………….……$40

Seresto Collar for fleas & ticks – works for 8 months…………………………………………….$50

DEWORMERS

General dewormer – Pyrantel 2 doses………………….$15

Tapeworm injection – Praziquantel ………………..……$20

VACCINES

Rabies – 1 year……………………………………………………………………………...…………$15

Rabies – 3 year - MUST SHOW PROOF OF PRIOR RABIES VACCINATION…………….…$15

FVRCP - feline distemper …………………………………………….…………………...………..$15

Leukemia ……………………………………………………………………………………..………..$20

* First shot MUST be boostered in 3-4 weeks to be effective.

LAB TESTING

Fecal test for intestinal parasites…….$25

Feline leukemia/FIV test……...…..……$25

SERVICES

Microchip w/lifetime registration…..$30

Ear Mite treatment (Revolution) ……$15