



# Haywood Spay/Neuter Transport Form

Transport Date: \_\_\_\_\_

Office Use Only  
☐ Email Sent

## Animal Information

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

## 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)

- |  |  |
|--|--|
| <input type="checkbox"/> Rabies 1 Yr - Free  | <input type="checkbox"/> Hernia Repair - \$15  |
| <input type="checkbox"/> *Rabies 3 Yr - Free | <input type="checkbox"/> **E-Collar - \$10     |
| <input type="checkbox"/> Microchip - Free    | <input type="checkbox"/> Distemper/Parvo \$10  |
| <input type="checkbox"/> Nail Trim - Free    | <input type="checkbox"/> Heartworm Test - \$15 |
| <input type="checkbox"/> Bordetella - \$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)

- |  |  |
|--|--|
| <input type="checkbox"/> Rabies 1 Yr - Free  | <input type="checkbox"/> Hernia Repair - \$10    |
| <input type="checkbox"/> *Rabies 3 Yr - Free | <input type="checkbox"/> E-Collar - \$10         |
| <input type="checkbox"/> Microchip - Free    | <input type="checkbox"/> Feline Distemper - \$10 |
| <input type="checkbox"/> Nail Trim - Free    |  |

\*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 animals(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.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: # IN HOUSEHOLD: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_