



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 - \$10 |
| <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 animal(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: _____