

CARE CAT INTAKE TICKET

TNR Cat's Name: _____

Pick-Up Name & Phone # _____

Financial Contact Name & Phone # _____

Emergency Contact # _____

Any minor concerns that may cost up to \$100 to treat ***if time permits:**

Sex: Male Female Unknown

Age: _____

Color: _____ Breed: _____

Included Services (\$40.00 Package): Rabies, FVRCP and Penicillin (antibiotic).

Additional, Optional Services (circle):

Revolution - \$6 (CANNOT select if adding Ivermectin)

Ivermectin (dewormer)- \$5 (CANNOT select if adding Revolution)

Convenia - \$85 (long-lasting injectable antibiotics)

FELV/FIV Snap Test - \$45

FELV Vaccine (NEG Snap test REQUIRED) - \$22.00

If pregnant, medical waste fees may be up to an additional \$50.00 _____ **(Initial)**

Should unexpected life-saving emergency care be required I would like the hospital staff to attempt the following life saving measures (initial one):

___ Closed Chest Resuscitation including CPR, and assisted breathing (Additional fees may apply)

___ Do not attempt resuscitation