



Boarding ~~Board~~ Check-in 10-1-13 @ 10⁰⁰ per day

Safe Haven Humane Society
HUMANE SOCIETIES AND VETERINARIANS SAVING LIVES TOGETHER

Intake Form Date: 10-4-2013

Owner Name Great Pyr Rescue Phone (713) 0135 Wk

Address 3631 Minor Ct City Spring TX Zip 77388

Pet Info: Dog Cat Male Female Breed Pyr Color(s) white

Age ^{8 wks} Weight _____ How long owned _____ Vaccinations Current? Y N Heartworm Prevention? Y N

Pets Name: Male Pet is kept? Indoor Outdoor Both

Pet known to be allergic to any medications or anesthesia? Y N If so, what kind _____

Ever had a pet sterilized before? Y N Ever used a veterinarian before? Y N Has this pet had liter(s) before? Y N

How did you hear about us? Newspaper Flyers Friend Animal Control Other

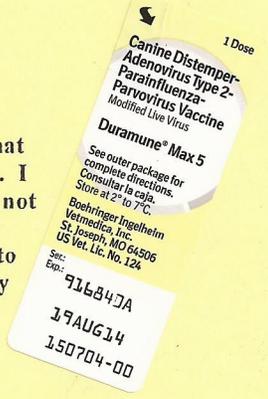
Pet Obtained? Stray Friend Shelter Breeder Pet Store Other

Owner Yearly Income? Under 6,000 ___/yr \$6,000-\$12,000/yr ___ \$12,000-\$18,000/yr ___

Owner Comments: _____

I understand that all surgery and anesthesia carries risks, and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risks of abnormal bleeding or death. I understand that animals of advanced age or that have never been vaccinated carry increased risks. I agree not to hold the participating veterinarians(s) or their representatives(s), the participating humane society and volunteer(s) or the facility liable for damages. If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed. I certify that all information regarding my animal and my income is correct and true to the best of my knowledge.

Owner Signature _____ Date _____



Canine (Dog)	Feline (Cat)	Other
Spay or Neuter \$ 45.00	Spay \$35.00	Tag \$ 2.00
Rabies \$ 5.00	Neuter \$ 25.00	Nails \$ 3.00
DHLPP \$ 8.00	Rabies \$ 5.00	Fecal \$ 10.00
Heartworm Test \$ 15.00	FVCR \$ 8.00	Wormer \$ 3.00
		Bardatella \$ 10.00
TOTAL \$ 59 ⁰⁰ + 10 + 50 + 8	TOTAL \$ _____	\$ _____

Owner Paid \$ 127
Balance \$ 0

Attending Veterinarian's Signature: Yvonna Easley, DVM 3969
Special Instructions for Pet Owner: _____

RETAIN THIS FORM AS PROOF OF STERILIZATION AND VACCINATION OF YOUR PET

Rabies Vaccine Date: _____
Mfr. _____
Exp. _____
1 yr 3 yr
Serial # _____
Tag # _____
Vet License - _____

Star First series 10-1-2013

Stromsid 2cc 10-1-13
2cc 10-3-13
6⁰⁰

ovitol Plus Rx
800 10-1-2013