

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) 813-2915

Wk

Address

3631 Mirror 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

Bordatella \$ 10.00

TOTAL

\$ 59.00 + 10 + 50 + 8

TOTAL

\$

\$

Owner Paid

\$ 127

Owner Paid

\$

Balance

\$ 0

Balance

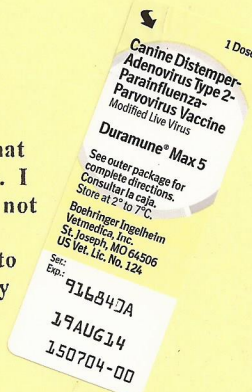
\$

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 - _____

start Fecal series 10-1-2013

ovitol Plus Rx 800 10-1-2013

Stronsid 10-1-13 2cc 10-3-13 6cc