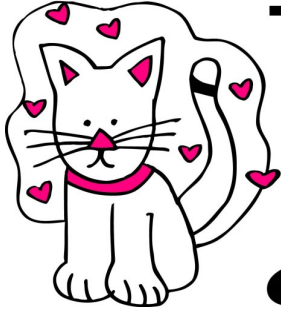


# C.L.I.F.F.S.



# Clinic

## 631473-6333

**C**reating  
**L**ong  
**I**slands  
**F**eral  
**F**eline  
**S**olution

AT



Date: \_\_\_\_\_ APPT DATE \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Animals Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color \_\_\_\_\_

Species: Dog / Cat Breed: \_\_\_\_\_ Circle: Feral/ Friendly Stray/ Domestic

Sex: Male (Neuter) \_\_\_\_\_ Female (Spay) \_\_\_\_\_ Time/Date of last meal \_\_\_\_\_

If Pregnant, Terminate Pregnancy? Yes / No + Signature \_\_\_\_\_

**Please give the following vaccines:**

Rabies \_\_\_\_\_

Distemper \_\_\_\_\_

**Please test for the following(\$35 additional):**

Felv/F.I.V snap test combo (cats only) \_\_\_\_\_

If positive for leukemia (Felv), euthanize? Yes / No

If positive for Feline Aids (FIV), euthanize? Yes / No

\_\_\_\_\_ Flea Treatment (\$10.00 per cat) Check for earmites (\$20 if needed)

\_\_\_\_\_ Boarding \$10.00 a night + flea application— Start date \_\_\_\_\_

**\*\* Any cats not picked up by 4:45 will be boarded at your expense at \$10.00 per night \*\***

**Please ear tip feral cat so nobody retraps the cat to get him or her s/n \_\_\_\_\_**

**Trim Nails \$5.00 \_\_\_\_\_**

**Additional comments/ concerns \_\_\_\_\_**

Spay/neuters are \$80 which includes rabies vaccine and distemper vaccine. There is an additional \$35 fee for pregnant cats. \$20.00 additional fee for cats In Heat. Retained testicle: additional charge based on surgery required.

Pet Guardian/owner, by signing you agree that all the information above is correct and give permission for C.L.I.F.F.S Clinic to perform the above procedures.

Name(Print) \_\_\_\_\_ Signature \_\_\_\_\_

Save-A-Pet Phone # (631) 473-6333 Fax (631) 978-0100