SURGICAL DROP OFF SHEET

RESCUE GROUP NAME:					
If a current client, no need to fill out.	Phone numbe	Address:			e-mail:
PET NAME:	m/F/SF/nm	Heartworm	n POS or NEG	Age (date)	
BREED:	Species:	Weight	Dental \$50	Dental Add-On	
Color:	op co.cot			\$30	
DATE OF RABIES:	DATE OF DAPP/FVRCP AND BORDETELLA:				
CIRCLE WHAT PET NEEDS	Spay/NTR	RABIES \$7 1 year	RABIES \$9 3 years	DAPP/FVRCP \$9	BORD \$9
Feral Feline Package \$45 (sx, rv, capstar, ear clip)	Microchip \$30	Fecal \$10	Health Cert \$20	Panacur \$9	Felv/FIV test \$33
Feline Package \$50 (sx, rv, fvrcp, capstar)	Leukemia Vaccine \$20	Ear mite treat. \$10	Tapeworm Treat. \$15	HWT \$10	Nail Trim \$10 Anal Glands \$15
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