



VETERINARIAN SPAY PROGRAM/UPDATE REPORT

NAME OF PRACTICE OR PROGRAM: _____

DATE: _____

NAME OF DOCTOR: _____

DAYS OPEN: _____

NAME OF OTHER CONTACT: _____

HOURS OPEN: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

SPAYING/NEUTERING RATES

WEIGHT RANGE	MALE DOG	FEMALE DOG	PREGNANT FEMALE DOG	MALE CAT	FEMALE CAT	PREGNANT FEMALE CAT
1)	\$	\$	\$	\$	\$	\$
2)	\$	\$	\$			
3)	\$	\$	\$	WE WORK WITH STRAY/FERAL CATS: YES <input type="checkbox"/> NO <input type="checkbox"/>		
4)	\$	\$	\$			
5)	\$	\$	\$			
6)	\$	\$	\$			

POSSIBLE ADDITIONAL CHARGES SPAY/USA CLIENTS MAY INCUR:

Additional charge for female cat in heat: \$ _____

Charge for vaccinations for cats: \$ _____

Additional charge for female dog in heat: \$ _____

Charge for vaccinations for dogs: \$ _____

Additional charge for overweight cats: \$ _____

Charge for Rabies vaccinations for cats: \$ _____

Additional charge for overweight dogs: \$ _____

Charge for Rabies vaccinations for dogs: \$ _____

Additional charge undescended testicles: \$ _____

Additional charge for Feleuk testing: \$ _____

Other additional charges: \$ _____

Other additional charges: \$ _____

PROGRAM SPECIFICATION AND RESTRICTIONS: _____
