

## **FIX'N WAG'N Feline Low Cost Spay/Neuter**

### **Please Read Carefully!**

Included in the **\$90** fee are: Surgery, Rabies (1 year) and FVRCP (distemper combo) vaccines, flea preventative, ear mite treatment (if needed) and nail trim. For **FERAL CATS ONLY**, both Profender and an ear tip are also included. You can purchase additional services which are listed on the application on the next page. Payment for the \$90 package and **ALL** additional services are due when you submit the application to Tri-County Animal Rescue Center or your spot will not be reserved. Listed below are acceptable methods of payment. Please be aware that we will **NO** longer accept Paypal for spay/neuter payments at this time.

1. Check written out to **Tri-County Animal Rescue Center**.
  - a. Please note that if the account does not have sufficient funds and the check bounces we will request another form of payment, and an additional charge of \$30 in order to hold your spot.
2. Cash
3. Credit Card

\*\*\*If a cat is found to have fleas or tapeworms, Fix'N Wag'N will automatically treat with Capstar (\$7.50) and Droncit (\$7.50, unless Profender is selected below), which will be an additional charge at check out. If a cat is found to have Flea Allergy Dermatitis (FAD), Fix'N Wag'N will automatically treat with Convenia (\$25), which will be an additional charge at check out.\*\*\*

Thank you for taking the time to read this page. The application can be found on the next page and needs to be completed in its entirety. Emails are a very important form of communication for these clinics so make sure you put an email you check frequently. If you have any questions surrounding the feline spay/neuter clinics you can contact Tri-County Animal Rescue Center using the contact information below.

- Phone: 814-918-2032 (main number), 814-913-2264 (cell number for clinics)
- Email: [contactus@tricity-arc.org](mailto:contactus@tricity-arc.org) or [tear\\_treasury@outlook.com](mailto:tear_treasury@outlook.com)

**Below is a copy of the email you will receive within 2 weeks of your scheduled clinic date titled: *URGENT! Please Read Entirely***

***\*\*IMPORTANT!! You MUST do TWO things....reply to this email to confirm your appointment AND sign the electronic consent that will come in a separate email. There will be a separate consent for each cat you enroll in the clinic.\*\****

*Please sign the electronic consent as soon as you receive the email to make the clinic run smoothly. Be sure to fill out everything, so read carefully!*

*This is a reminder for the spay/neuter clinic on **(insert clinic date)**. Please bring your cat between **(insert scheduled time between 7:30 and 8:30 AM)**. Please stay in this time frame.*

*Your cat(s) cannot have food or treats after midnight the night before. They may have water.*

*Your cat must be in a sturdy carrier (one cat per carrier). Hard carriers are preferred. **NO wire crates. You MUST put your name, the cat's name and your phone number for that day on the carrier** (a piece of paper securely taped on is fine).*

*Pick up is between 5:00 and 5:30 PM that afternoon. Please do not come any sooner. The time may vary slightly, depending on the length of time surgeries take that day. **You just show up, we do not call.** If you are late, there is a \$5 fee every half hour.*

*A reply to this email is **REQUIRED**, ASAP to confirm your appointment. If you do not reply, your spot will be given to someone else. Please reply even if you cannot come.*

***\*\*If the cat is feral, it MUST be in a trap.\*\****

*If there are ANY changes, you must email at least 24 hours in advance.*

*Please only have one person bring and drop off cat unless you must bring a child or owner needs assistance*

***Another note...if your cat requires any medications an additional fee may be due at the time of pick up.***

**\*\*\*Fill out the ENTIRE form COMPLETELY & LEGIBLY\*\*\***

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email (Required) \_\_\_\_\_

Cat Name \_\_\_\_\_ (Short, Medium, Long Hair) \_\_\_\_\_

Sex \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Weight (estimate is fine) \_\_\_\_\_

Temperament (Easy or hard to handle) \_\_\_\_\_

Is this cat feral? \_\_\_\_\_ Do you have a trap? (required for feral cats) \_\_\_\_\_

**\*\* feral cats will receive an ear tip and profender at no additional cost, and must get the ear tip to get the profender\*\***

**EXTRA Services: Answer ALL questions!!**

E-Collar (cone) \$5 Yes \_\_\_ No \_\_\_ Microchip \$15 Yes \_\_\_ No \_\_\_

FIV/FeLV Test \$25 Yes \_\_\_ No \_\_\_

FeLV vaccine \$20 **(MUST have FIV/FeLV test done to get vaccine)** Yes \_\_\_ No \_\_\_

Dewormers:

Droncit (tapeworm) \$7.50 Yes \_\_\_ No \_\_\_

Strongid (roundworm) \$5 Yes \_\_\_ No \_\_\_

Profender \$15 (hookworm, roundworm, tapeworm) Yes \_\_\_ No \_\_\_

**TCAR Office Staff Only**

Payment Amount Received \_\_\_\_\_ Type of Payment \_\_\_\_\_

Clinic Date Requested \_\_\_\_\_ Name of Staff \_\_\_\_\_