



# Badger VETERINARY HOSPITAL

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

Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Feline

Male

Female

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_

Email: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

## Services (Please check all requested)

*Feline:*

Spay <input type="checkbox"/>	\$50.00	Microchip <input type="checkbox"/>	\$55.00
Neuter <input type="checkbox"/>	\$30.00	FelV/FIV Test <input type="checkbox"/>	\$50.85
Pre-anesthetic Bloodwork <input type="checkbox"/>	\$67.30	Flea and Tick Prevention <input type="checkbox"/>	Call for price
Rabies Vaccine <input type="checkbox"/>	\$25.00	Fecal Test <input type="checkbox"/>	\$26.50
Distemper Vaccine (HCP) <input type="checkbox"/>	\$25.00	De-wormer <input type="checkbox"/>	Call for price
Feline Leukemia Vaccine <input type="checkbox"/>	\$28.75		

## Authorization and Consent

I, the undersigned owner/authorized agent of the listed patient, hereby authorize Badger Veterinary Hospital and its staff to administer the checked veterinary services to my animal. If emergency treatment is required and I cannot be reached, I authorize that life preserving action be taken for my pet until I can be contacted. I agree to assume full and complete financial responsibility for the balance of ALL services rendered at the time my pet is discharged.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_