



Alteration Clinic Appointment Request

SPAY DOG
NEUTER CAT
Date:
SH Staff

Date:

Owner's Name:

Telephone #

Pet's Name:

DOG CAT MALE FEMALE STRAY FERAL

Age: Weight: Estimate

Condition (Thin, overweight, obese, normal):

Breed/Description/Color:

If Female: If Male:
Has she had puppies/kittens? If yes, when?
Do you think she is currently pregnant? Yes No
Is she in heat? YES NO If yes, when? (We cannot accept animals in heat)
Any previous surgeries?

Other Medical issues (ie. Lyme disease, seizures)

Medications: None

Regular Veterinarian:

Vaccination History (date):

Rabies FVRCP DH2PP Bordatella (Kennel Cough)
Lepto Lyme FeLV/FIV negative

Tests or Vaccinations Requested During S/N Appointment:

Rabies FVRCP DH2PP Bordatella (Kennel Cough)
Lepto Lyme FeLV/FIV Test Lyme/Heartworm Test

Microchipped: YES NO Please microchip during surgery

Low Income Eligibility:

Owner's Mailing Address:

Owner's Email address:

Notes