



**HANOVER VETERINARY  
HOSPITAL**  
12515 WICKER AVENUE  
CEDAR LAKE, IN 46303

**P:219-374-9443  
F:219-374-4275  
E:frontdesk@hanovervet.com  
www.hanovervet.com**

### **FELINE POPULATION CONTROL PROGRAM**

#### **LOW-COST SPAY/NEUTER APPLICATION**

***PLEASE FILL OUT ONE FORM FOR EACH CAT***

Your Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Cat's Name \_\_\_\_\_

**Price List: please check appropriate boxes.**

\_\_\_\_\_ Female Cat Spay: \$70 (There will be a \$20 charge added for in heat/pregnant females)

\_\_\_\_\_ Male Cat Neuter: \$60 (There will be a \$20 charge added for cryptorchid males)

\_\_\_\_\_ Feline Leukemia/FIV test: \$30

\_\_\_\_\_ FVRCP vaccine(Feline Distemper): \$17 (will require a booster in 3 weeks if first time)

\_\_\_\_\_ Leukemia vaccine: (FeLV) \$22 (will require a booster in 3 weeks if first time)

\_\_\_\_\_ Rabies Vaccine 1 yr: \$20 (required unless proof of current Rabies vaccine is shown)

\_\_\_\_\_ Microchip implantation: \$30 (with FREE lifetime registration)

\_\_\_\_\_ Flea or Ear Mite treatment (dose of Revolution) \$25 and (a dose of Capstar) \$7 (will be done automatically if fleas or mites are found)

\_\_\_\_\_ Deworming: \$20 (will be done automatically if worms are seen)

\_\_\_\_\_ Cardboard carrier: \$10 (required if more than one cat is present in a single carrier)

\_\_\_\_\_ Pain medication: \$25 (given as an extra injection prior to recovery)

\_\_\_\_\_ Extra pain injection and 3 days of meds to go home: \$29

\_\_\_\_\_ Left ear tip for feral cats: NO CHARGE

Call to make an appointment. If you are having difficulty trapping/catching the cat, we can work with you on scheduling, but you must call to discuss it with us. Print and fill out this form to bring it with you on the day of your appointment or you can fax/email it to us ahead of our scheduled day. Drop-off is between 8-8:30am and pick up is between 3-6:30pm. Animals must be presented in individual carriers or traps and may not be left overnight unless prior arrangements are made. Boarding charges will apply. If parasites are found, the cat WILL be treated automatically at your expense.

***This is low-cost spay/neuter for feline population control purposes. It is intended for cats that are feral or stray and is priced accordingly. Individuals with owned or indoor pet cats are not eligible for this program. It is strongly recommended that those cats are seen by a regular veterinarian.***

I understand the risks that are inherent with any anesthetic procedure. I hereby release Hanover Veterinary Hospital, as well as its employees and affiliates, from all liability and waive my right to any and all claims for damages, including death, of the above animal. I agree to all of the above payment policies. I understand that failure to abide by the above payment policies will forfeit my discount and result in full pricing being assessed on all procedures performed. I will be responsible for these charges upon pickup. ***I understand that abandoning animals will be ground for legal action and/or prosecution.***

## Consent for CPR/DNR

I understand that the anesthetic, surgical or therapeutic procedures may involve the risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has either been expressed or implied as to the result or cure.

\_\_\_\_\_ I elect **CPR**, endotracheal intubation, positive pressure respiration, administration of emergency drugs, and/or external cardiac compressions.

**\*\*There will be an additional charge of \$150.00 if you elect to have CPR done on your pet.**

\_\_\_\_\_ I elect **DNR**, NOT to have staff pursue any CPR procedures for my pet. Instead, I request that the attending veterinarian assist my pet in humane euthanasia if treatment will only prolong pain and suffering in the veterinarian's medical opinion.

\_\_\_\_\_ I accept that if the hospital staff is unable to reach me within 20 minutes after initial CPR procedures, and after exercising reasonable medical judgement, determine that there is no hope for success, the staff will cease further CPR procedures.

\_\_\_\_\_ I understand that despite the best efforts of the doctors and support staff at Hanover Veterinary Hospital less than 5% of animals that require CPR fully recover to leave the hospital.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_