

Cat # \_\_\_\_\_

**NOMAD INC**  
LOW COST SPAY/NEUTER CLINIC

PO Box 1238  
Hilliard, OH 43026  
(614) 348-7298

**CLINIC DATE** \_\_\_\_\_

NAME \_\_\_\_\_ Best phone number \_\_\_\_\_  
STREET \_\_\_\_\_ to reach you on today \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PETS NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_ HAIR LENGTH \_\_\_\_\_ S M L  
Has cat been pregnant in the last six months? \_\_\_\_\_ Still nursing? \_\_\_\_\_ Is pet a stray? \_\_\_\_\_ My pet is living inside/outside/both (CIRCLE ONE)  
Please list any health problems your cat has \_\_\_\_\_ Date of pets last vaccinations \_\_\_\_\_

I REQUEST THE FOLLOWING VETERINARY SERVICES FOR THE ABOVE PET: \_\_\_\_\_ Time of pets last meal \_\_\_\_\_

**If there is any sign of illness or if your female cat is lactating within 2 weeks above the clinic date, your cat will not have surgery.**

**(ALL SURGERIES INCLUDE A NON-REFUNDABLE ADMINISTRATION FEE)**

**OFFICE USE ONLY**

<input checked="" type="checkbox"/>	ADMINISTRATION FEE	\$10.00	FLEA, EARMITE, GENERAL WORMER, HEARTWORM (REVOLUTION)	\$20.00
<input type="checkbox"/>	<b>RABIES VACCINE (1year)</b>	<b>\$15.00</b>	TAPE WORM	\$10.00
	<b>(Must be 12 weeks old to receive) (REQUIRED)</b>		NAIL TRIM	\$5.00
<input type="checkbox"/>	MALE CAT NEUTER	\$35.00	EAR TIP (FERAL CATS ONLY)	10.00
<input type="checkbox"/>	FEMALE CAT SPAY	\$65.00		
<input type="checkbox"/>	FVRCPC (4 IN ONE)	\$15.00	<b>TREAT ONLY IF PROBLEM SEEN</b>	
	(May need to repeat in 3-5 weeks)			

**TOTAL \$ \_\_\_\_\_ PAID \_\_\_\_\_ COUPON \_\_\_\_\_ RECEIPT \_\_\_\_\_**

I request surgery for my pet. (I understand that spaying or neutering will permanently prevent my pet from breeding.)  
 I understand that this surgery requires general anesthesia. There are risks associated with anesthesia, including the risk of death of the pet. The following conditions may increase this risk.  
**NOT CURRENT VACCINATIONS**  
**NOT ON HEART WORM PREVENTION**  
**OLD AGE (OVER 5 YRS)**  
**UNDIAGNOSED DISEASE (LUNG, LIVER, KIDNEY, ETC.)**  
 I understand that I am responsible for assuring that my pet is healthy at the time of surgery and has not eaten since 12:00am. A recent exam by a veterinarian is recommended. I understand that **NOMAD** veterinarians **DO NOT** perform a complete exam.  
 I understand that my pet may not be completely recovered from anesthesia when I pick it up. I will be given a list of instructions for the care of my pet following surgery. If I have problems, I will call **NOMAD INC.** for assistance.  
 I certify that I am the owner or authorized agent to act for the owner of the above named pet. I agree to hold harmless **NOMAD, MIAMI CO. ANIMAL SHELTER ATTENDING VETERINARIANS**, and their employees, directors, officers and agents. I authorize the veterinary procedures checked above, and any other procedures that may be deemed necessary and proper by the attending veterinarian.

Signature \_\_\_\_\_  
VETERINARY USE ONLY

Date \_\_\_\_\_

Date \_\_\_\_\_  
Sx. End \_\_\_\_\_  
H/L \_\_\_\_\_  
Temp. \_\_\_\_\_

Sx. Findings \_\_\_\_\_  
Findings \_\_\_\_\_  
Findings \_\_\_\_\_  
Findings \_\_\_\_\_