

Beesley Spay/Neuter Clinic
Located at 2215 Keeneland Commercial Blvd.
Mail application to PO Box 1886
Murfreesboro, TN 37133-1886 Phone: 890-6878 (890-MUST)

RECORD OF SERVICE

REQUIREMENTS FOR SPAY/NEUTER

1. Pets must be in good health. High risk surgeries cannot be performed in our clinic.
2. Pets must be at least 3 months old and weigh at least 2 pounds. No animals over six years of age.
3. Written proof of current rabies and distemper shots is required from a full service vet. If shots are not current, they will be given at the time of surgery. Payment for shots must be sent in with monies for surgery.
4. Fees for surgery (and required shots) must be paid before an appointment is made. When we receive your application with payment, we will call you to make an appointment.

NO REFUNDS: Due to the non-profit nature of the clinic, no refunds can be made. Returned check fee \$25.00. We do not accept out of state checks.

PRE-SURGICAL INSTRUCTIONS

1. No food or water after 8:00pm the night before surgery.
2. Female and male dogs are to be brought in between 8:00 and 8:30, female and male cats between 8:30 and 9:00 on the day of the surgery. Clients will be called with exact pick-up time. Final pick-up time is 5:30 p.m. same day
3. Pets must be clean, healthy and free of fleas and ticks. Animals with a heavy infestation of fleas will be treated with Capstar (\$3) before surgery.
4. Cats must be in a carrier (please put in a towel) and dogs on a leash.
5. Give your dog a chance for a potty break at home and before entering the clinic or you will be charged a \$25.00 clean-up fee.

Note: If the animal is pregnant or in heat, there will be an additional charge (\$15 cat, \$20 dog). Dogs over 40# \$25.00

For appointment, detach and send form with your check to Beesley Spay/Neuter Clinic, PO Box 1886, Murfreesboro, TN 37133-1886. For further information, call 615-890-6878.

Last name: _____ First name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Check the requested services. (Use a separate form for each pet.)

CAT		DOG/MALE	DOG/FEMALE
Surgery: Male (\$35) _____		Surgery: up to 35 lbs (\$45)_____	up to 35 lbs (\$60)_____
Female (\$40) _____		36 -55 lbs (\$55)_____	36-55 lbs (\$70)_____
Heat/pregnancy (\$15.00) (pay after surgery)		56 -75 lbs (\$65) _____	56 – 75 lbs (\$80)_____
Micro-Chip: \$10.00 w /surgery (\$10)_____		76-100 lbs (\$85)_____	76 – 100 lbs (\$95)_____
W/o surgery (\$20.00)_____ *plus \$14.99 activation fee		Heat/pregnancy (\$20.00) (pay after surgery)	
Shots: Rabies (\$12) _____		Micro-Chip: w/surgery (\$10.00)_____ *plus \$14.99 activation fee	
		W/o Surgery (\$20.00)_	
Distemper (\$12) _____		Shots: Rabies (\$12) _____	
Feline Leukemia (\$12) _____		Distemper (\$12) _____	
(Must have proof of negative Feline Leukemia		Kennel Cough (\$12) _____	
Test from a Full-service vet, before administering vaccine.)			
Medicine: De-worming (\$5) _____		Medicine: De-worming (\$5) _____	
Nail Trim: with surgery (\$3) _____		Nail Trim: with surgery (\$3) _____	
W/o surgery (\$5) _____		w/o surgery ((\$5) _____	
Other: _____		Other: _____	
Total: _____		Total: _____	

PRICES SUBJECT TO CHANGE

Pet's Name: _____ Age: _____ Sex: _____ Est. Weight _____ Color: _____

Breed: _____(For cats, use long hair, short hair, or a breed name. For a mixed breed dog, list the predominate breed in the mix. Guess if you have to.)

Describe any special medical conditions or prior surgeries: _____

To the best of knowledge, I guarantee my pet is in good health at the time of services and has not shown any of the following symptoms in the past 3 days:

- Vomiting - diarrhea - runny nose - sneezing/coughing – lethargy – loss of appetite - seizures.

I understand that shots given to a sick animal will not make the illness better, and may worsen the situation. I hereby release the Beesley Foundation from any and all claims and causes of action on account of said animal, both for myself and any and all others who might represent me. The undersigned owner or authorized agent of admitted patient hereby authorizes the admitting veterinarian (and his designated associates or assistants) to perform the above checked procedures.

Do you have a full service vet? yes___ no___ Were you referred by a vet? If so, which one _____

ALL ANIMALS MUST BE PICKED UP BY 5:30 P.M.! IF NOT, THERE WILL BE \$50.00 CHARGE. NO OVER NIGHT STAYS!

DATE _____ PET OWNER/AGENT SIGNATURE _____