

Spay/Neuter Blitz Scheduling Form

Qualifications:

Households with an income of \$40,000 or less.
Residents must live in the 67211 zip code. (KHS will check ID)

Please print:

Name _____

Phone #'s (home) _____ (cell) _____

Address _____

City/State/Zip _____

Email _____

*You will receive a phone call from our surgery scheduling department within 48 business hours to pick an available date. Questions & other services, including vaccinations and micro-chipping, will be addressed at that time.

<p>We admit patients between 7:30 - 8:00 am, 7 days a week. You can pick them up between 4:00 - 5:00 pm, same day.</p> <p>Please circle your preferred appointment days: Sun Mon Tue Wed Thu Fri Sat</p>	<p>Scheduler: _____</p> <p>Appt Date: _____</p> <p>Removed fm web _____</p> <p>Entered in PPT _____</p> <p>Conf msg/eml _____</p>
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Animal #1 - Please circle or fill-in blanks:

Name: _____

Breed: _____

Age: _____ Male Female
Must be at least 4 mo. (If giant- breed, 6 mo.)

Approximate weight: _____

Color(s): _____

Animal #2 - Please circle or fill-in blanks:

Name: _____

Breed: _____

Age: _____ Male Female
Must be at least 4 mo. (If giant- breed, 6 mo.)

Approximate weight: _____

Color(s): _____

Animal #3 - Please circle or fill-in blanks:

Name: _____

Breed: _____

Age: _____ Male Female
Must be at least 4 mo. (If giant- breed, 6 mo.)

Approximate weight: _____

Color(s): _____

Additional animals can be listed on the back of this form.

Updated 1/31/17 by mjr