



Franklin County Humane Society
Myrna Mitchell Spay/Neuter Program
*****Franklin County Residents Only*****

1. Form **MUST** be filled out **in its entirety** and returned to contact.fchsky@gmail.com
2. We only provide the services listed below. You will be contacted by the clinic if additional services are recommended (dental issues, dew-claw removal, etc.). Payment for any extra services will be required at the time of pick-up.
3. You **MUST** provide proof of a current rabies vaccination (signed certificate; not tag) **ON** the day of surgery otherwise your animal will be given another rabies vaccination.
4. Additional charges will be applied at the time of pick-up for any animal in heat, pregnant or obese.
5. All surgeries will be performed at Franklin County Humane Society Spay Neuter Clinic, 1230 US Hwy 127 S, Suite 4B, Frankfort, KY 40601. 502-875-7297.
6. **NO REFUNDS** will be provided for any reason.
7. It may be **SEVERAL** weeks before an appointment is available. Please **INITIAL** that you understand there may be a waiting period.
8. All animals residing within the city limits of Frankfort are required to have a city license. We are required to collect that fee at the time we schedule the appointment.

Owner Information:

Name _____ Phone # _____
 Address _____ City _____
 Email address _____

Animal Information:

Species: Dog _____ Cat _____ Gender: Male _____ Female _____
 Name _____ Breed(s) _____
 Color(s) _____ Weight _____ Age _____

Services Available: *Please check all services needed*

Male Dog Neuter Package* _____	\$65	FIV/FeLV test _____	\$15
Female Dog Spay Package* _____	\$75	City License fee _____	\$10
Pit Bull Surgery Package* _____	\$ 0		
Cat Surgery Package** _____	\$ 0	Subtotal _____	
Microchip _____	\$15	Sales tax (6%) _____	
Heartworm test _____	\$10	Total Due _____	

*All dog packages include spay/neuter surgery, rabies vaccination, DAPP booster, Frontline & pain meds
 **All cat packages include spay/neuter surgery, rabies vaccination, FvRCP booster, Revolution & pain meds

Owner Signature _____ **Today's**
Date _____

FCHS Representative _____