

SPAY/NEUTER APPLICATION

Dog/cat Owner's Name: _____

Address: _____

City, State & Zip _____

Telephone Number _____

Email address _____

Pets Name _____

Male or Female _____ Dog or cat _____ weight _____ Age _____

Rabies Certificate # _____

Date of Vaccination: _____

Where done _____

Current Vet. Name or Clinic. _____

Mail this form to Pals for Paws – P.O. Box 14740, New Bern, NC 28561
252-637-7387 or email directly to kathy@palsforpaws.org to save time.
www.palsforpaws.org

Animal Care Center is located at 4385 UW Hwy. 17 S, New Bern, NC 28562
636-5040

Your animal must be there at 7:30 on the day of the appointment. No food the night before or morning of the procedure. Bring your Rabies certificate if current.