



**Application for Services**

2215 Keeneland Commercial Blvd, Murfreesboro, TN 37127  
Mail application to: PO Box 1886, Murfreesboro, TN 37133-1886  
Phone: 615-890-6878 beesleyanimalclinic.com

**\*\*Any animal that has been sick within the last month must have a release form from their full service vet stating the animal is in good health. \*\***

**REQUIREMENTS FOR ALL SERVICES AT THIS CLINIC**

1. Pets must be in good health. **High risk surgeries cannot be performed in our clinic.**
2. Pets must be at least 9 weeks old and weigh at least 3 pounds. No animals over 10 years of age.
3. Written proof of current rabies and distemper vaccinations is required from a full service vet. If vaccinations are not current, they must be given at the time of service. Payment for vaccinations must be sent in with monies for surgery.
4. Fees for surgery (and required vaccinations) 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 will be issued. Returned check fee \$30.00. We do not accept out of state checks.**

**PRE-SURGICAL INSTRUCTIONS**

1. Due to the use of anesthesia, 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 on the day of surgery.
3. Female and male cats between 8:30 and 9:00 on the day of the surgery.
4. Clients will be called with exact pick-up time. Final pick-up time is 5:30 p.m. same day.
5. Pets must be clean, healthy and free of fleas and ticks.
6. Cats must be in a carrier (please put in a towel) and dogs on a leash.
7. Give your dog a chance for a potty break at home and before entering the clinic.

**Note: If the animal is pregnant or in heat, there will be an additional charge (Cat-\$15, Dog under 40#-\$20, Dog 40# & up-\$25)**  
For appointment, send form with payment to PO Box 1886, Murfreesboro, TN 37133 **OR** deliver with payment to the clinic.

**Owner:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

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

**Services For Dogs and Cats:**

**Vaccinations**

- Rabies \$15 (required for surgery)
  - Canine Distemper \$15 (required for surgery)
  - Canine Bordetella \$15
  - Feline Distemper \$15 (required for surgery)
  - Feline Leukemia\*\* \$21
- \*Need proof of negative feline leukemia test before vaccine can be administered.

**Micro-Chip**

- With Surgery \$12
- Without Surgery \$22

**Nail Trim**

- \$15
- Difficult \$20

**Dewormer**

- Puppy/Kitten \$3+.25/cc/5lbs.
- Prices dependent on weight

- Feline FeLv Test** \$32 (Appointment needed)
- Canine Heartworm Test** \$25 (Appointment needed)

**Surgery**

- Dog Neuter (Male) = Castration**
- Up to 35 lbs \$55
- 36-55 lbs \$65
- 56-75 lbs \$75
- 76-80 lbs \$95

**Post Op Pain Meds**

- 25 lbs and under \$10.00
- 26 lbs to 50 lbs \$12.00
- Over 50 lbs \$16.00

**Dog Spay (Female) = Ovariohysterectomy**

- Up to 35 lbs \$70
  - 36 -55 lbs \$80
  - 56-75 lbs \$90
  - 76-80 lbs \$105
- Heat/Pregnancy (<40# \$20; >40# \$25 post-surgery fee)

- Cat Neuter (Male) \$45 = Castration**
  - Cat Spay (Female) \$50 = Ovariohysterectomy**
- Heat/Pregnancy \$15 (post-surgery fee)

**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 medical conditions or prior surgeries:** \_\_\_\_\_ **Initial** \_\_\_\_\_

**Do you have a full service vet?** Yes \_\_\_ No \_\_\_ **Were you referred by a vet? If so, which one** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

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 vaccinations 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. Prices subject to change.

**PET OWNER/AGENT SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

**ALL ANIMALS MUST BE PICKED UP BY 5:30 P.M.! NO OVERNIGHT STAYS!**