



Animal Rescue & Sanctuary  
Shadowridge Veterinary Hospital Check-In Form

Foster Contact / #: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Breed / Color: \_\_\_\_\_

Form to be completed and submitted 48 hours prior to alter appointment via  
email to [reception-vista@shadowridgevet.com](mailto:reception-vista@shadowridgevet.com)

**Services Needed:**

\_\_\_\_\_ Spay / Neuter

\_\_\_\_\_ Microchip (SOL Chip)

\_\_\_\_\_ Rabies Vaccine

\_\_\_\_\_ FeLV / FIV Test (SOL Test)

**History:**

FVRCP Dates: \_\_\_\_\_

Kittens under 4 months must have two vaccines prior to alter.

Microchip #: \_\_\_\_\_

FeLV / FIV Testing Date: \_\_\_\_\_ Results: \_\_\_\_\_ / \_\_\_\_\_

**Additional Information / Services / Concerns:**

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All additional charges and / or services must be authorized by SOL  
leadership (Brianne Youngberg or Carrie Neidorf)