



Get your Feline Fix Certificate by mail!

WHAT TO DO?

Complete this certificate request form and mail it to:

Hawaiian Humane Society
2700 Waialae Avenue
Honolulu, HI 96826

Once we receive your request form, we will mail your requested spay/neuter certificates and a copy of our Feline Fix brochure. A list of participating veterinary clinics can be found online at HawaiianHumane.org.

If you are paying by credit card, you can also email the completed form to FelineFix@hawaiianhumane.org

WHAT'S INCLUDED IN THE FEE?

Anesthesia Microchip
Sterilization Ear Notch

IMPORTANT REMINDERS

Certificates are valid for ninety (90) days so Free-Roaming cat caregivers are encouraged to contact a participating clinic to schedule an appointment for the spay/neuter procedure as soon as possible. Pet owners should also ask about any additional fees the clinics may have. Participating clinics are subject to change – go to HawaiianHumane.org for the most up-to-date list of clinics. Call 356-2200 if you have any questions.

Sterilization Certificate Request Form

Caregiver's Name

Address

City

Zip

Phone number

Email

| Quantity* | Type | Cost* | Total |
|-----------|---------------------------------|----------|----------|
| _____ | Free-Roaming Cat Certificate | \$10 ea. | \$ _____ |

*Up to 10 certificates can be purchased at one time.

Complete if known:

No. of Certificates for Female Cats _____

No. of Certificates for Male Cats _____

I want to pay by check

Enclosed is a check* for a total amount of \$ _____

*Make checks payable to Hawaiian Humane Society

I want to pay by credit card

Card No.

Exp. Date

Name as written on credit card

Cardholder's signature

I am 18 years or older and agree to indemnify and hold harmless the City and County of Honolulu and its officers, employees, and agents, the Hawaiian Humane Society, its officers, employees and agents, and the Veterinarian, his/her officers, employees and agents against any and all claims arising out of the performance of the surgical procedure referred to above.

Caregiver's Signature

Today's Date