



Spay ASAP Enrollment Form

Above the Notch Humane Society
PO Box 456
Littleton, NH 03561
603-444-6241
www.atnhs.org
atnhs.email@gmail.com

Name: _____

Home Phone: () - Cell Phone: () -

Work Phone: () - Email: _____

Mailing Address: _____

Physical Address: _____

Pets Information

Animal's Name: _____ Age: _____

Breed _____ Animal's Color/Marking: _____

Animal: Cat Dog (Circle One) Sex: Male Female (Circle One)

Approximate weight: _____ Is female in heat at time of the clinic? YES NO

Is your pet up to date on their rabies vaccine? YES NO Dist/DHLPP? YES NO

Date _____ Date _____

If your pet is not up to date it will receive a rabies vaccine in accordance to NH State Law

Vaccinations or Treatments Needed: Rabies Canine Distemper Mites

(Circle All That Apply) Feline Distemper Fleas

****If your animal has fleas or mites they will be treated accordingly at your expense****

Generally what is your pet's temperament while at the vet?

Shy Aggressive Nervous Happy

If bringing a cat, do you have access to a cat carrier? YES NO

If you answered yes to the pervious question please write your first and last name as well as your pets name on the carrier.

****One cat per carrier PLEASE****