

Humane Society Program

I, _____ understand that treatment for external parasites, "Capstar", must be given to my pet upon arrival in the kennel. I understand that all pain medicine, lab work, and in heat/pregnant fees are to be paid, in full, upon release of my pet. I understand these fees are not covered by the Humane Society program.

Fees not covered by Humane Society:

Capstar: \$11.25

Lab work: \$94.20

In heat/pregnant: \$55.29 for dogs & \$25.79 for cats

Pain medicine: Varies \$30.00-\$50.00

Signature: _____ Date: _____

HSAC Staff Signature: _____

Copy given to pet owner (YES/NO)