



100% Initiative Rescue Program Pricing

Valid February 1st-December 31st, 2018

**For 501c3 non-profits registered with the USDA*

Spay & Neuter Surgery

Male Cat Neuter	\$25	Includes injectable pain medication
Female Cat Spay	\$35	Includes injectable pain medication
Feral Cat Package	\$35	Includes injectable pain medication
Male Dog Neuter 2-25lbs	\$45	Includes 3 days of pain management
Male Dog Neuter 26-50lbs	\$55	Includes 3 days of pain management
Male Dog Neuter 51-80lbs	\$65	Includes 3 days of pain management
Male Dog Neuter 80-100lbs	\$80	Includes 3 days of pain management
Female Dog Spay 2-25lbs	\$60	Includes 3 days of pain management
Female Dog Spay 26-50lbs	\$70	Includes 3 days of pain management
Female Dog Spay 51-80lbs	\$80	Includes 3 days of pain management
Female Dog Spay 81-100lbs	\$85	Includes 3 days of pain management

*Any dog weighing over 100 lbs will incur an additional \$25 charge

*In heat or pregnant fee for dogs: \$15

Vaccinations & Wellness Care

1 or 3 Year Rabies Vaccine	\$10
1 or 3 Year 5-in-1 Distemper Combo	\$10
1 or 3 Year 6-in-1 Distemper Combo	\$10
Bordetella Intranasal	\$10
FVRCP Vaccine	\$10
Leptospirosis Vaccine	\$10
Heartworm Test	\$10
FeLV/FIV Test	\$20
Microchip	\$10
Fecal Test	\$15
Vaccine Exam	\$10
Comprehensive Exam	\$20
Miscellaneous Meds (including Droncit)	25% discount
Euthanasia	25% discount

Dental Care

All services including cleaning, extractions, and medications for **25% discount**



SPAY ILLINOIS 100% INITIATIVE

Special Rescue Purchase Program

Information below is subject to change at any time. Price increases based on updates from the manufacturer can be expected in February and March of each year.

Your bulk vaccine order must be made in increments of 25 units. There are no exceptions to this purchasing rule. All vaccines sold are Nobivac, by **Merck Animal Health**.

Product Description	Price (25 units per tray/box)	Quantity Desired	Total
DHPP (Canine Distemper-Adenovirus Type 2 - Parainfluenza-Parvovirus) Vaccine (Modified Live Virus) for dogs 6 weeks of age and up	\$79.00		
DHLPP (Canine Distemper-Adenovirus Type 2 - Parainfluenza - Parvovirus - Leptospira Canicola-Grippotyphosa-Icterohaemorrhagiae-Pomona Bacterin) Vaccine (Modified Live Virus) for dogs 12 weeks of age and up	\$92.00		
Leptospirosis (Leptospira Canicola-Grippotyphosa-Icterohaemorrhagiae-Pomona Bacterin) Vaccine for dogs 12 weeks of age and up	\$120.00		
Bordetella ADT (Canine Adenovirus Type 2 - Parainfluenza-Bordetella Bronchiseptica) Intranasal (Modified Live Virus - Avirulent Live Culture) for dogs 3 weeks of age and up.	\$108.00		
Lyme (Borrelia burgdorferi Bacterin) Vaccine (Two Inactivated Isolates) for dogs 8 weeks of age and up.	\$300.00		
Canine Influenza Bivalent (H3N8 - H3N2) Vaccine for healthy dogs 7 weeks of age and up.	\$240.00		
1-HCP/FVRCP (Feline Rhinotracheitis-Calici-Panleukopenia) Vaccine (Modified Live Virus) Vaccine	\$69.00		
Felv/Fiv Test (per box)	\$375.00		
Heartworm Snap Test (25 per box)	\$125.00		

Product Description	Price	Quantity	Total
3CC Syringes with needles	\$9.00 per box of 100		
1CC Syringes with needles	\$12.00 per box of 100		
EDT Tubes (Recommended for blood collected during Heartworm Test for storage until SNAP test can be completed)	\$12.00 per box of 50		
Panacur C 1 gram	\$39.00 per carton of 30		
Panacur C 2 gram	\$59.00 per carton of 30		
Panacur C 3 gram	\$90.00 per carton of 30		

Heartworm Prevention Medication

Product	Order Requirements	Price	Rebate Offer	Quantity	Total
Interceptor Plus 2-8lbs	6 Pack	\$24.80	\$15 mail in rebate		
Interceptor Plus 8-25lbs	6 Pack	\$25.80	\$15 mail in rebate		
Interceptor Plus 26-50lbs	6 Pack	\$32.60	\$15 mail in rebate		
Interceptor Plus 51-100lbs	6 Pack	\$39.00	\$15 mail in rebate		
Heartgard Plus 0-25lbs	12 Pack	\$47.00	\$12 mail in rebate		
Heartgard Plus 26-50lbs	12 Pack	\$63.00	\$12 mail in rebate		
Heartgard Plus 51-100lbs	12 Pack	\$75.00	\$12 mail in rebate		

Flea & Tick Prevention Medication

Product	Order Requirements	Price	Rebate Offer	Quantity	Total
Bravecto for Dogs of Cats	None	\$33.00 per dose	\$15 mail in rebate on 2 dose purchase \$35 mail in rebate on 4 dose purchase		
Nexgard 4-10lbs	None	\$13.50 per dose			
Nexgard 10-24lbs	None	\$13.84 per dose			
Nexgard 25-60lbs	None	\$14.24 per dose			
Nexgard 61-121lbs	None	\$15.00 per dose			
Parastar any size	3 Pack	\$24.00	\$5.00 mail in rebate		
Parastar Plus any size	3 Pack	\$34.00	\$5.00 mail in rebate		
Capstar 2-25lbs	6 Pack	\$25.00			
Capstar 25+lbs	6 Pack	\$28.00			
Revolution Cat 5-15lbs	3 Pack	\$32.00			
Revolution Puppy/Kitten	3 Pack	\$26.00			

Purchase Order Total	\$
Signature:	Date:



SPAY ILLINOIS PET WELL CLINICS

100% Initiative Rescue Program

Special Rescue Partners Authorization Form

The 100% Initiative is a collaboration between Spay Illinois and registered 501c3 rescue groups and animal shelters

Rescue/Shelter Name:	Authorized Contact Name:	Authorized Contact #:
Authorized Foster Name:	Authorized Foster #:	Pets Name:
Pet's Breed:	Pet's Age:	Pet's Color:

Authorized Services (Highlight or Circle)

<ul style="list-style-type: none"> <input type="checkbox"/> Rabies 1 yr <input type="checkbox"/> FVRCP 1 yr <input type="checkbox"/> FeLv Vaccine 2 yr <input type="checkbox"/> DHPP 1 yr <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Bordetella <input type="checkbox"/> Lyme <input type="checkbox"/> H3N2 & H3N8 Combo Flu <input type="checkbox"/> FeLv/Fiv Test <input type="checkbox"/> Heartworm Test <input type="checkbox"/> Fecal <input type="checkbox"/> Microchip 	<ul style="list-style-type: none"> <input type="checkbox"/> Spay <input type="checkbox"/> Neuter <input type="checkbox"/> Ear Tip (Feral Only) <input type="checkbox"/> Droncit Injection <p>Products: Heartgard Plus or Interceptor Plus</p> <p>Revolution (cats only), Nexgard, Bravecto</p>
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I, _____, on behalf of, _____ understand that anesthetic, surgical, diagnostic, and/or therapeutic procedures involve the risk of complication, injury, or even death. No warranty or guarantee has been expressed or implied as to result or cure. I further authorize the staff of Spay Illinois, in an emergency situation, to follow through with any necessary procedures for the wellbeing of my pet on a continuing basis until further communication is established. Your signature certifies that you are the owner or authorized agent for the animal described on this form and you have the authority to execute this consent. You hereby give Spay Illinois and any authorized agent consent and authority to perform the procedures outlined on this form. Your signature also indicates your acknowledgement that you have read and agreed to the procedures, have received satisfactory explanation of the outlined procedure, have had a chance to ask any questions you may have, and that you authorize the performance of the outlined procedures and administration of anesthesia. Your signature further certifies that you agree that Spay Illinois shall not be liable or held liable or held responsible in any matter whatsoever, or in connection with, the procedures to be performed described above and/or vaccinations administered. You agree to hold Spay Illinois harmless from and against any and all liability and damages that may arise. You agree to take full responsibility, financial and otherwise, in the event your pet becomes ill, unless the illness is a direct result of post-operative complications due to surgery. You also warrant that you are at least eighteen years of age, have carefully read this agreement prior to surgery and realize that this is an enforceable legal document. You agree that you are voluntarily signing this document of your own free will.

_____ (Print name) _____ (Signature) _____ (Date)



SPAY ILLINOIS PET WELL CLINICS

100% INITIATIVE

Special Rescue Partners Credit Card Authorization Form

The 100% Initiative is a collaboration between Spay Illinois and registered 501c3 rescue groups and animal shelters

RESCUE/SHELTER NAME			
RESCUE/SHELTER PHYSICAL ADDRESS			
AUTHORIZED CONTACT NAME			
AUTHORIZED CONTACT CELL			
NAME ON CREDIT CARD			
CREDIT CARD TYPE			
BILLING ZIP CODE			
CREDIT CARD NUMBER			
EXPIRATION DATE		CARD ID # (CVV)	

I, _____, on behalf of _____
(Your Name) (Your Organization)

authorize Spay Illinois to charge the above listed credit card in payment for Authorized Services beginning on

(Date)

(Print Cardholder Name)

(Cardholder Signature)

(Date)