Laredo SHELTER FEE WORKSHEET Animal NAME: DATE: Care M/C: **INCIDENT#** Services ☐ RETURN TO OWNER ☐ ANIMAL BITE ☐ ADOPTION □ PICK UP Adoption*Education*Enforcement ☐ MICROCHIP/REGISTRATION ☐ RABIES CLINIC ☐ SURRENDER **FEE TYPE** CODE **AMOUNT** QUANTITY SUBTOTAL \$ **IMPOUNDMENT** AC31 \$ 15.00 \$ \$ **BOARDING & CARE** AC36 10.00 MICROCHIP AC33 \$ \$ 10.00 \$ \$ INTACT REGISTRATION AC02 5.00 \$ \$ STERLIZED REGISTRATION AC01 2.00 \$ RABIES VACCINE AC41 \$ 12.00 **VOLUNTARY SURRENDER** \$ \$ AC38 15.00 \$ \$ **OBSERVATION** AC35 25.00 \$ \$ ADOPTION AC40 60.00 SPAY/NEUTER AC39 \$ \$ 50.00 TISSUE FEE \$ AC30 50.00 \$ TOTAL

SIGNATURE:

DATE:

EMPLOYEE NAME (PRINT)