

Medical/Surgical Release Form Cat

8411-133A Garvey Drive, Raleigh NC 27616 919-872-7730

Owner's Name	Today's Date
Home Address	
City State Zip	
Phone	
Email Address:	How did you hear about SAFE Haven for Cats?
What number can we reach you today?	
Animal Information:	
Cat's name:	Cat's description:
Cat's age (if known):	When did your cat last eat?
Date of last distemper vaccine:	Is your cat on flea/tick prevention? □ No □ Yes Date applied:
Date of last rabies vaccine:	Is your cat on any medication?
Does your cat have any known medical problems?	Is your cat Indoor only □ Outdoor □ Indoor/Outdoor □
	Is your cat currently pregnant? \Box Yes \Box No
Please read carefully and initial the following statements:	
I, acting as owner or agent of the animal described above, hereby request and authorize SAFE Care Feline Spay/Neuter Clinic, throughomever veterinarian they may designate, to perform an operation for sexual sterilization of the animal listed above on this form.	
	ential complications associated with the procedure and anesthesia. I understand ath of the patient. All patients will receive a physical exam to screen for apparent on basic physical examination.
I either certify that my animal has been vaccinated within surgery. I understand that it takes up to four weeks for vaccin	one year prior to this date OR request recommended vaccinations at the time of ations to protect my animal.
	as the right to refuse any service to any animal to whom surgery is deemed a l fill out the informed consent waiver for high risk procedures.
I certify that my animal is in good health and had food wi above.	thheld as instructed. If my animal has known health conditions, it is listed
I understand that if my animal is pregnant, the pregnancy anesthetic risk.	will be terminated at the time of the surgery. Pregnant spays pose a higher
claims arising out of or connected with the performance of th	l veterinarians, assistants, volunteers, directors and employees from any and all is procedure or any adverse reactions from vaccines. I agree that I have not and ction by reason of such sterilization or attempted sterilization of such animal or
I understand that pre-surgical blood panels are not offered	or performed at SAFE Care.
emergency veterinary care required to stabilize the patient observations, oxygen supplementation, diagnostic procedures	surgical procedure, SAFE Care may assume the financial costs associated with. This may include, but is not limited to, recovery at a specialty hospital for such as ultrasounds or radiographs to determine the cause of the destabilization. The negligence or wrongdoing, and the costs incurred serve only to prove that
Signed	Date
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Services included (as needed): Physical exam, sterilization with pain medications, tattoo (females only), FVRCP vaccine, Rabies vaccine, nail trim, ear cleaning and ear mite treatment (if needed). \$85.00 Package. All cats will receive a pre-operative injection (*Onsior*) for pain.

Additional Services are listed on the back of this sheet: Please circle YES or NO for each of the following services. Additional costs apply as noted.

Additional services for purchase. Please circle YES or NO for each of the following services. Additional costs apply as noted. YES NO......Revolution Plus ® Single Dose - \$15 YES NO......Additional Pain Medication (2 doses) - \$7 YES NO...... Revolution Plus 6 months - \$90 Topical medication for protection against fleas ticks and heartworms and YES NO...... Microchip - \$15 treatment of hookworms, roundworms, and ear mites. Provides permanent identification. Recommended for all pets. Lifetime registration is included. YES NOFeline Leukemia/FIV/Heartworm Test - \$20 Feline Leukemia is highly contagious and often fatal. YES NO...... Left Ear Tipped - No Charge We recommend testing for ALL cats. For feral cats only: Provides easy identification of outdoor cats that have already been sterilized. YES NO.....Feline Leukemia Vaccine - \$20 Recommended for all cats that go outside YES NODrontal (oral dewormer) - \$10 YES NO......I would like to make a donation to help other cats YES NOProfender (topical dewormer) -\$20 get spayed or neutered \$85___\$35___Other \$_ To be completed by SAFE Care staff: **Charges and Payment** Surgery Package Voucher*: _____ Extras: □ Revolution 1mo..... □ Revolution 6mo....._______ □ Catego 1mo______ □ Catego 4mo ☐ Drontal dewormer..... ☐ Profender dewormer..... ☐ FeLV/FIV/HW Test..... ☐ FeLV Vaccine Pain Medication..... □ Microchip.....___ TOTAL CHARGES..... *Note: Vouchers do not include additional services. Donation.....