



FERAL SURGICAL

ADMISSION FORM

YOUR CONTACT INFORMATION - THIS MUST MATCH WHO MADE THE APPOINTMENT****

First Name Last Name

Address Zip code

City/State County

Phone Email

Would you like to be a part of our monthly email newsletter & specials? Yes No

YOUR PET'S INFORMATION

Pets Name Color

Age Estimate Breed Circle: DSH / DMH / DLH

Did you know we're a non profit? Your donation helps provide affordable veterinary care to pets in need, keeping them healthy and with their loving families. Thank you for making a difference!

MY DONATION IS \$_____.

Please read the following:

I am requesting spay/neuter service from Paws For A Cause Vet Care and declare that I care for the cat listed above and represent the authorized caretaker. I understand that no physical examination or preoperative bloodwork will be performed prior to surgery. I understand that some factors significantly increase surgical risk, including pregnancy, heat, and diseases like Feline Leukemia. I understand that the aforementioned cat will receive an ear tip after being spayed or neutered to facilitate identification of the sterilization status. If a pet has already been spayed or neutered, additional fees will apply. If our veterinarian prescribes Convenia, additional charges will apply. I hereby authorize the surgical sterilization of the aforementioned animal. To my knowledge, the animal listed above is in good health. I further acknowledge that both pre- and post-surgical care is my responsibility. I am at least 18 years of age and have the authority to execute this consent on behalf of the above-named animal. I authorize the use of anesthetics deemed advisable by Paws For A Cause Vet Care and all surgical/therapeutic procedures necessary. I understand that anesthesia and surgery carry risks, and I have the ability to discuss my concerns.

My signature indicates that I understand additional charges may apply in certain circumstances, such as late fees and overnight care.

I agree to indemnify and hold harmless Paws For A Cause Vet Care and the attending veterinarians and staff from liability arising from the authorized procedures.

Caretaker Signature: _____ Date: _____