



# FERAL SURGICAL

## ADMISSION FORM

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

|            |                      |           |                      |
|------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Address    | <input type="text"/> | Zip code  | <input type="text"/> |
| City/State | <input type="text"/> | County    | <input type="text"/> |
| Phone      | <input type="text"/> | Email     | <input type="text"/> |

Would you like to be apart of our monthly email newsletter & specials?  Yes

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### YOUR PETS INFORMATION

|           |                                |       |                         |
|-----------|--------------------------------|-------|-------------------------|
| Pets Name | <input type="text"/>           | Color | <input type="text"/>    |
| Age       | Estimate: <input type="text"/> | Breed | Circle: DSH / DMH / DLH |

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***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 pre operative bloodwork will be completed prior to performance of 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 easily identify the sterilization status. In the event a pet has already been spayed or neutered, there will be added fees. 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 the both pre and post surgical care is my responsibility. I am at least 18 years of age and have authority to execute this consent for the above 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 risks are associated with anesthesia and surgery and have the ability to discuss my concerns. My signature indicates that I understand additional charges may apply in certain circumstances. 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: \_\_\_\_\_