



Administrative Use Only

Gender (M / F) Wt. ____ # ____ oz

Date of recent RV _____ verified by (initial) _____

Other notes upon check-in: _____

Feline Surgery Admittance/Consent Form

Present this completed form and payment when you bring your cat for surgery. Please print clearly

Owner's Name:		Appt. Date:	
Address:	City:	State:	Zip:
Day time phone #:	Evening #	Cell #	
Email:			
Cat's name:	Approx age:	Gender: M / F	Breed:
Where did your cat come from?		How long have you had her/him?	

My kitten/cat has received an initial Feline distemper vaccine (FVRCP) or series and the date(s) was/ were _____, _____, _____. **(Proof of vaccination dates to be shown to surgery intake team)**

Check next to Service(s) Requested

Service/Cost	Service/Cost
☐ Spay (females) - \$120.00 ☐ Neuter (males) - \$110.00	☐ Distemper combination vaccine (FHV, FCV, Panleuk) - Mandatory for surgery ☐ Rabies vaccine - Mandatory for Surgery Vaccines are included in spay/neuter price.
☐ Flea / tick treatment - \$15.00 ☐ Ear Mite treatment - \$30.00	☐ Deworming with profender (roundworms, hookworms, tapeworms)-\$30.00 ☐ Deworming with Pyrantel (Strongid) (hookworms, roundworms) - no charge with surgery
☐ Microchip-\$25.00	☐ E-collar – to prevent licking or chewing at incision site-\$10.00
Post Operative Pain Medication given at discharge: ☐ Meloxicam (liquid) - No Charge *Explanation on reverse side - must read and initial	☐ Feline Leukemia & FIV (feline immunodeficiency virus) Combo Test - \$25.00 RESULTS: ☐ Positive ☐ Negative

Was your pet recently treated for fleas and/or ticks?	☐ Yes ☐ No	Date/Product :
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If Forgotten Felines staff finds evidence of fleas, ticks, ear mites, lice or internal parasites they will treat the pet accordingly and I (owner) will be responsible for all costs of medicines administered. This cost will be collected at drop-off or upon discharge of the pet. (initials) _____

***** If your pet was found to have live parasites, but was treated recently (within the past 4 weeks), the veterinarian will dispense an effective and safe alternative to the product previously used at his/her discretion.***

Additional fees may be charged for the following procedures: Pregnancy, Hernia Repair, Pyometra, Cryptorchid (undescended testicle(s)). If one of these procedures is needed, surgery staff will call and discuss with you.

**** PAIN MEDICATIONS - PLEASE READ & INITIAL :**

All cats receive an initial injection of Meloxicam (an NSAID – nonsteroidal anti-inflammatory - labeled for a one-time use in cats) which lasts up to 24 hours for pain and inflammation. **Our patients have the benefit of being discharged with additional post-operative pain management which helps them heal.** While cats are experts at hiding signs of pain, they do feel discomfort and inflammatory pain, and this medication will reduce that.

Meloxicam, an oral liquid NSAID, is commonly used safely in many clinics within the US and regularly utilized within other countries because it is an effective pain medication, generally well-tolerated in low doses. FFF has pre-measured, low-dose syringes made up based on the weight of your pet for pain and inflammation.

I, the owner, understand **there is no additional charge for this medication**, but by choosing this option, I release the shelter veterinarian and Forgotten Felines and Fidos, Inc. of any liability in selecting a medication that is otherwise “black-labeled” for cats in the United States. (initials) _____

Pick-Up time is between 6:00 and 7:00pm the day of surgery. If you cannot be present at this time, please have a representative pick up for you or make arrangements with the shelter manager ahead of time. Surgery patients not picked up by the following day will be considered abandoned, abandonment of an animal is a criminal offense.

I state that my pet has no current known health issues, and is healthy for surgery. Because this is a low-cost program, I am aware that only a cursory physical exam will be conducted on my pet prior to anesthesia and surgery. I further understand that if the veterinarian on duty finds signs of illness, surgery may be postponed and treatments may be prescribed and an exam will be charged, for which I will be responsible.

I understand the anesthetic surgical procedures may involve risk of complication, injury, or even death from known and/or unknown causes and no warranty or guarantee has been either expressed or implied as to outcome. I agree to assume financial responsibility for all routine and emergency services rendered. **I understand that if I am not reachable at the phone number(s) I have provided, but a decision is needed regarding my pet, a decision will be made that is considered in the veterinarian's experience, in the pet's best interest.** In the event of unforeseen complications I will not hold Forgotten Felines and Fidos, their staff nor their veterinarian(s) responsible. I understand I am responsible for all expenses incurred for this pet, once (s)he is discharged.

Your signature below indicates your acknowledgement that you have read and agreed to the above procedures, that you have all the information you require, you have had a chance to ask questions, and you authorize and consent to the surgical procedure including administration of anesthesia and analgesia.

Signature of owner or responsible party:

Date:

Last Modified 7/14/26