



Administrative Use Only Gender (M / F) Wt. ___#___oz Date of recent RV _____ verified by (initial) _____
Other notes upon check-in: _____ _____

Trap-Neuter-Return 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:
Phone # you can be reached at while your pet is with us:(mobile/home/work)	
Secondary ph: (mobile/home/work)	
Email:	
Cat's name/TNR #:	Approx age: Gender: M / F Color: Breed:

Vaccines are required to be up-to-date in order for surgery to be done. For your convenience, Rabies and Distemper vaccines are included in the cost of spay or neuter.

Check next to Service(s) Requested:

Service/Cost	Service/Cost
<input type="checkbox"/> Spay (Female)-\$40.00	<input type="checkbox"/> Rabies vaccine - Included with surgery
<input type="checkbox"/> Neuter (Male) - \$40.00	<input type="checkbox"/> Distemper combination vaccine (FHV, FCV, Panleuk) - Included with Surgery
<input type="checkbox"/> Flea / tick treatment, if needed - Included for traps	<input type="checkbox"/> Feline Leukemia & FIV (feline immunodeficiency virus) Combo test -\$25.00
<input type="checkbox"/> Ear Mite treatment, if needed - Included for traps	RESULTS: <input type="checkbox"/> Positive <input type="checkbox"/> Negative

Was this cat recently treated for fleas and/or ticks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Product :
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*** We maintain a flea-free environment which protects the shelter cats, the surgery patients, and the owners who take them home after surgery. If your cat is found to have live parasites but was treated recently, the veterinarian will dispense an effective and safe alternative to the product previously used at his/her discretion.*

I understand that all Trap-Neuter-Return cats will **receive a standard, 1 cm , ear-tip (surgical removal of the tip of one ear) as a badge of honor**, to allow easy recognition of cats who have been already neutered or spayed from a distance. I understand requests for small or non standard eartips will not be honored. (Initials) _____

We recommend females to be confined in an appropriate cage for at least 3 days if possible.

Feral cats do *not* automatically go home with post-operative oral medication, under the presumption owners cannot provide this level of post-operative care. They receive an initial injection of Meloxicam (an NSAID for a one-time injectable use in cats) that lasts 24-hours for pain and inflammation.

Pick-Up time for cats in traps is between 8:00 and 9:00am the day after surgery. All animals **MUST be picked up between 8:00-9:00am, not before**, unless other arrangements have been made with the shelter manager. Surgery patients not picked up by the following day will be considered abandoned. Abandonment of an animal is a criminal offense.

I understand that feral cats do not get pre-anesthetic exams. I further understand that if the veterinarian on duty finds signs of illness, surgery may be postponed and treatments may be prescribed, for which I will be responsible.

I understand the anesthetic and surgical procedures may involve risk of complication, injury, or even death from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. **I understand that if I am not reachable at the phone number(s) I have provided, the best decision for the pet will be made at that time.** In the event of complications I will not hold Forgotten Felines and Fidos, their staff nor their veterinarian(s) conducting the surgery responsible. I will be responsible for all expenses incurred with this pet after it 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 and you have had a chance to ask questions, and you authorize and consent to the surgical procedure including administration of anesthesia and analgesia.

Any valuable items (special bowls, towels etc) should not be left on or in the trap. I understand the medical staff may dispose of unsanitary items.

Signature of owner or responsible party:

Date: