

8411-109 Garvey Drive, Raleigh NC 27616 919-872-7730

Medical/Surgical Release Form Cat

Owner's Name	Today's Date	
Home Address	Emergency Contact Information: Name:	
City State Zip		
Phone	Phone Number:	
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 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
	Is your cat currently pregnant?	
Please read carefully and initial the following statements:		
whomever veterinarian they may designate, to perform an operation for	mplications associated with the procedure and anesthesia. I understand	
underlying health concerns but many health conditions are not apparen		
I either certify that my animal has been vaccinated within one year surgery. I understand that it takes up to four weeks for vaccinations to	prior to this date OR request recommended vaccinations at the time of protect my animal.	
I understand that SAFE Care Feline Spay/Neuter Clinic has the rig	the the informed consent waiver for high risk procedures.	
I certify that my animal is in good health and had food withheld as above.	instructed. If my animal has known health conditions, it is listed	
I understand that if my animal is pregnant, the pregnancy will be to anesthetic risk.	erminated at the time of the surgery. Pregnant spays pose a higher	
claims arising out of or connected with the performance of this proced	arians, assistants, volunteers, directors and employees from any and all ture or any adverse reactions from vaccines. I agree that I have not and reason of such sterilization or attempted sterilization of such animal or	
I understand that pre-surgical blood panels are not offered or perfo	rmed at SAFE Care.	
emergency veterinary care required to stabilized the patient. This nobservations, oxygen supplementation, diagnostic procedures such as	procedure, SAFE Care may assume the financial costs associated with nay include, but is not limited to, recovery at a specialty hospital for ultrasounds or radiographs to determine the cause of the destabilization. ence or wrongdoing, and the costs incurred serve only to prove that	
Signed	Date	

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. \$85.00 Package. All cats will receive a post-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.

YES NO		YES NOAdditional Pain Medication (2 doses) - \$7		
		YES NO	Microchin - \$25	
		Provides permanent identification. Lif		
			YES NO	I aft For Tinnad - No Charge
YES NO		For feral cats only: Provides easy idea	• • • • • • • • • • • • • • • • • • • •	
		have already been sterilized.		
VES NO Falin	a Laukamia/FIV/Has	ortworm Tost - \$25	YES NOD	rontal (oral dewormer) - \$6
YES NOFeline Leukemia/FIV/Heartworm Test - \$25 Feline Leukemia is highly contagious and often fatal.				
We recommend testing for	ALL cats.		YES NOProfeno	der (topical dewormer) -\$15
YES NO	Feline Leuk	emia Vaccine - \$20	MEG NO. I THE T	1 2 11 1
Recommended for all cats that go outside		YES NOI would like to make a get spayed or neutered \$85 \$35		
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	To be completed in	by SAFE Care staff:		
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		Charges a	and Payment	
	Surgery Package.			
	Voucher*:			
	Extras:			
		Revolution 1mo	······································	
		Revolution 6mo	························· <u></u>	
		Catego 1mo		
		Catego 4mo		
		Drontal dewormer		
		Profender dewormer		
		FeLV/FIV/HW Test	······ <u> </u>	
		FeLV Vaccine		
		Pain Medication	······	
		Microchip		
	TOTAL CHARGES.			
	*Note: Vouchers	do not include additional se	rvices.	
		Donation		
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