



Today's Date: _____

Medical/Surgical Release Form

Your Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

What number can we call to reach you today? _____

Email Address: _____

Name/Description of Cat _____

Age (if known) _____

Any vet care in past 12 months? Where? _____

When did your cat last eat? _____

How did you hear about SAFE HAVEN FOR CATS?
(Check as many as apply)

- Friend or relative (their name so we may thank them) _____
- Veterinarian (their name so we may thank them) _____
- Special Event (Please specify) _____
- TV WRAL Pet of the Day (news at noon) Radio
- Newspaper: N&O the Independent Other _____
- Online: SHFC Website Petfinder.com WRAL.com
- Classifieds MyNC.com Craig's List Catster Kijiji
- Other _____

Please read carefully and initial the following statements:

____I, acting as owner or agent of the animal described above, hereby request and authorize SAFE Care Feline Spay/Neuter Clinic, through whomever veterinarian they may designate, to perform an operation for sexual sterilization of the animal described on the above portion of this form.

____I understand that the operation presents some hazards and that injury to, or death of such animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

____I either certify that my animal has been vaccinated within one year prior to this date or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

____I understand that SAFE Care Feline Spay/Neuter Clinic has the right to refuse any service to any animal to whom surgery is deemed a health risk.

____I certify that my animal is in good health and has had food withheld as instructed.

____I understand that if my animal is pregnant, the pregnancy will be terminated at the time of the surgery. **I understand that there is an additional \$10 to \$20 surgery fee for female cats that are pregnant or lactating and for male cats with undescended testicles.**

____I will follow the discharge instructions provided to me when I pick up the animal described above.

____I hereby release SAFE Care Feline Spay/Neuter Clinic, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccines. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

Signed _____ Date _____

Services included (as needed): Physical exam, sterilization with pain medications, FVRCP vaccine, Rabies vaccine, nail trim, ear cleaning and ear mite treatment. **\$75.00**

Additional Services: Please circle YES or NO for each of the following services. Additional costs apply as noted.

YES NO.....Revolution® Treatment - \$15
YES NO..... Revolution® 6 months - \$70
For protection against fleas and heartworms and treatment and control of hookworms, roundworms, and ear mites.

YES NO.....FeLV/FIV test - \$25
Recommended for all cats but particularly those in multi-cat households and in feral colonies.

YES NO.....Microchip - \$25
Provides permanent identification. Registration is included.

YES NO..... Left Ear Notch - No Charge
For feral cats only: Provides easy identification of cats that have already been sterilized.

YES NO.....Soft Claws - \$20
Nail caps for cats-available in a variety of colors and sizes. Lasts up to 6 weeks. Application included. Add \$5 for hind feet.

YES NOI would like to make a donation to help other cats get spayed or neutered! **\$75** _____ **\$35** _____ **Other \$** _____

Charges and Payment	
Surgery Package	_____
Voucher*:	_____
Extras:	
<input type="checkbox"/> Rev 1mo.	_____
<input type="checkbox"/> Rev 6m	_____
<input type="checkbox"/> Soft Claws	_____
<input type="checkbox"/> Microchip	_____
<input type="checkbox"/> Test	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Donation	_____
TOTAL CHARGES	_____
*Note: Vouchers do not include additional services.	