



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

Medical/Surgical Release Form Cat

Owner's Name _____

Home Address _____

City State Zip _____

Phone _____

Email Address: _____

What number can we reach you today? _____

Today's Date: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

How did you hear about SAFE Haven for Cats?

Animal Information:

Name: _____

Age (if known): _____

Date of last distemper vaccine: _____

Date of last rabies vaccine: _____

Does your cat have any known medical problems? _____

Description: _____

When did your cat last eat? _____

Is your cat on flea/tick prevention? ___ No ___ Yes Applied: _____

Is your cat on any medication? _____

Is your cat Indoor only ☐ Outdoor ☐ Indoor/Outdoor ☐

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

YES NO.....**Revolution® Single Dose - \$15**

YES NO.....**Revolution® 6 months - \$70**

Topical medication for protection against fleas and heartworms and treatment of hookworms, roundworms, and ear mites.

YES NO.....**Catego™ Single Dose - \$9**

YES NO.....**Catego™ 4 months - \$30**

Topical medication for flea and tick prevention.

YES NO**Feline Leukemia/FIV/Heartworm Test - \$25**

Feline Leukemia is highly contagious and often fatal.

We recommend testing for **ALL** cats.

YES NO.....**Feline Leukemia Vaccine - \$20**

Recommended for all cats that go outside

YES NO.....**Additional Pain Medication (2 doses) - \$7**

YES NO.....**Microchip - \$25**

Provides permanent identification. Lifetime registration is included.

YES NO.....**Left Ear Tipped - No Charge**

For feral cats only: Provides easy identification of cats that have already been sterilized.

YES NO**Drontal (oral dewormer) - \$6**

YES NO**Profender (topical dewormer) - \$15**

YES NO.....I would like to make a donation to help other cats get spayed or neutered **\$85** **\$35** **Other \$** _____

To be completed by SAFE Care staff:

Charges and Payment

Surgery Package _____

Voucher*: _____

Extras:

- ☐ **Revolution 1mo**..... _____
- ☐ **Revolution 6mo**..... _____
- ☐ **Catego 1mo**..... _____
- ☐ **Catego 4mo**..... _____
- ☐ **Drontal dewormer**..... _____
- ☐ **Profender dewormer**..... _____
- ☐ **FelV/FIV/HW Test**..... _____
- ☐ **FelV Vaccine**..... _____
- ☐ **Pain Medication** _____
- ☐ **Microchip**..... _____

TOTAL CHARGES..... _____

*Note: Vouchers do not include additional services.

Donation _____