

FELINE INFORMATION AND CONSENT FORM

Date _____ Animal name _____
Caretaker name _____ Approx age _____ male female
Address _____ Breed: DSH DMH DLH Other _____
City _____ State _____ ZIP _____ Color/markings _____
COUNTY of residence: _____ How did you hear about POP-NC? _____

PHONE NUMBERS TO REACH YOU TODAY (in case of emergency) _____

- Spay \$70**
 Neuter \$55
There will be an extra fee for lactation, being in heat, pregnancy, umbilical hernia repair or undescended testicles.
 Pain medicine to take home \$5 *highly recommended*

ADDITIONAL SERVICES: PLEASE CHECK THOSE DESIRED

- FeLV / FIV (leukemia/immunodeficiency virus) test **\$25** recommended for all cats whose viral status is unknown

If either is positive, I request:

- NO EUTHANASIA; completion of surgery** euthanasia INITIALS _____

***Not all cats who initially test positive will remain so; ideally s/he would be isolated from negative cats and retested in 90 days ***

- | | |
|--|--|
| <input type="checkbox"/> FVRCP Vaccine | \$5 or included w/surgery fee |
| <input type="checkbox"/> Rabies Vaccine 1yr / 3yr | \$5 or included w/surgery fee |
| <input type="checkbox"/> Microchip (permanent identification) | \$15 plus registration fees |
| <input type="checkbox"/> Frontline Plus for fleas/ticks | \$30 for 3 month supply |
| <input type="checkbox"/> Ear cleaning & ear mite treatment | \$15 |
| <input type="checkbox"/> Fecal exam for parasites | \$15 |
| <input type="checkbox"/> Deworming | \$10 |
| <input type="checkbox"/> FeLV Vaccine (negative test required) | \$15 (MUST be boosted in 3-4 weeks) |
| <input type="checkbox"/> Other _____ | |

PATIENT INFORMATION

Has your cat ever been to a vet before? yes no

When did your cat last eat? _____

In the last week, has your cat had: coughing sneezing vomiting diarrhea
Or changes in: activity level appetite water consumption
Explain _____

Has your cat ever seized? yes no Explain _____

Any known vaccine or medicine reactions? yes no Explain _____

Any history of: health problems injuries or surgeries (hit by car, etc)
Explain _____

What medication has your cat had in the last month and why? _____

In the last 10 days has your cat been treated for fleas or ticks (dip, spray, topical, shampoo, powder)?
 yes no What product was used? _____

WE ACCEPT CASH ONLY. Payment is expected at drop-off. Animals will be released only to the person signing below unless prior arrangements are made.

By signing below, I state that I understand that although every effort will be made to ensure the safety of my pet today, unrecognized medical problems may exist which can cause serious problems, including death.

Caretaker signature _____

Date _____