

Stop the Overpopulation of Pets Surgical Authorization Form

Both sides of this form must be filled out completely and signed or your cat will not be admitted

Date: _____

Owner's Last Name: _____ Owner's First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Emergency Phone: () _____

***We must be able to contact you at any time at the emergency number. YOU MUST ANSWER, NO VOICEMAIL PLEASE!**

Cat's Name: _____ Age: _____ (years/months) circle one

Color: _____ Breed: _____ (short hair/medium hair/long hair)

Gender: Male Female Unknown Feral (wild or not socialized)

1) How long have you owned your cat? _____ (years/months) circle one

2) Where did you get your cat? _____

3) Is your cat: Indoor Only/Outdoor Only/Both Indoor and Outdoor? circle one

4) Has your cat ever been vaccinated? Yes/No If yes, where? _____

Date of Rabies _____ Date of Distemper _____

5) Does your cat have any previous veterinary history? Yes/No If yes, please explain: _____

6) Has your cat eaten within the last 12 hours? Yes/No

7) Has your cat ever been pregnant? Yes/No If yes, when? _____

8) Fleas: Does your cat have fleas? Yes/No/Unsure

*Has your cat had any flea treatment in the last 30 days? Yes/No

*List name of product and date administered: _____

All cats with fleas will be charged \$5.00 for a Frontline® Flea Treatment

9) Ears: Has your cat had a problem with ear mites or ear infections in the past? Yes/No

*List name of ear mite medicine: _____

Purchased from a vet clinic or pet store? _____

10) Worms: Has your cat ever had worming medications? Yes/No

If yes: When: _____ What medication: _____

Purchased from a vet clinic or pet store? _____

We strongly advise worming all kittens & cats that have never been de-wormed.

Roundworms can be contagious to humans.

SERVICES REQUESTED: PLEASE CHECK ALL NEEDED

SURGICAL SERVICES	Spay/Female <input type="checkbox"/>	\$80.00
	Neuter/Male <input type="checkbox"/>	\$70.00
VACCINES	Rabies Vaccine <input type="checkbox"/>	No charge
	Distemper (FVRCP) Vaccine <input type="checkbox"/>	\$5.00
	Feline Leukemia/FIV Combo Test <input type="checkbox"/>	\$30.00
	Pain Medications Dispensed <input type="checkbox"/> or Injection <input type="checkbox"/>	\$5.00
	De-Wormer Drontal® Dispensed <input type="checkbox"/>	\$10.00
	Ear mite Treatment and Ear Cleaning <input type="checkbox"/>	\$5.00
	Frontline® Monthly Flea Treatment <input type="checkbox"/>	\$5.00
Feral Cats Only Ear Tipping? Yes/No		No charge

These are the minimum charges in order to meet our costs. Patient Total: \$ _____

If you can afford more or would like to make a donation, it is greatly appreciated and will benefit other needy cats. Donation: \$ _____

Please sign other side of form

STOP THE OVERPOPULATION OF PETS

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

**Both sides of this form must be filled out completely and signed
or your cat will not be admitted**

As owner or duly authorized agent of owner, I hereby authorized the veterinarian and staff of the S.T.O.P. Clinic to treat admitted pet as requested by me, and authorize such anesthetics and drugs as are necessary for the completion of requested surgery. I understand that S.T.O.P. will not be held liable or responsible in any way and I assume all risks.

I understand that charges are made for services rendered and that these charges must be finalized prior to the services being performed. YES _____

I understand all animals are to be discharged the same day as surgery at the **time designated** by the staff, If I do not claim the animal at the **designated time** it will be considered abandoned and disposed of in accordance with S.T.O.P. policy. YES _____

I certify that my pets vaccination(s) are current or are being given today. YES _____

I also certify that to the best of my knowledge my pet is in good health. YES _____ NO _____

If fleas are found on my pet, I authorize treatment and will pay the additional cost. YES _____ NO _____

I understand that, while extremely rare, complications (even death) due to an adverse reaction to anesthetics and/or vaccinations are possible. I accept that possibility as a necessary part of performing surgery on my pet. YES _____ NO _____

Signature _____ Date _____

Owner or duly authorized agent

Received aftercare instructions

Signature

FOR CLINIC USE ONLY

SPAY _____ NEUTER _____

KETAMINE _____ ML

TORB INJ _____ ML

LAP _____ ML

RX TORB # _____

FLEA TX _____

EAR MITE TX _____

Previous Veterinary Clinic: _____

FVRCP _____ RABIES _____ FELV/FIV ____ / ____ Results
