CHECKS MUST BE MADE PAYABLE TO THE HSOFMC!!

FORMS MUST BE SENT TO HSOFMC PO BOX 298, MT GILEAD, OH 43338:

PLEASE DO NOT MAIL TO RASCAL KASCAL Unit

Surgery Date 10/27/20

FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name:		Date:/
Address:		
City: State: Zip:	County:	
Phone #: () E-mail:_		
Cat's name: Color:	DOB/Age: Breed: _	M/F:
Surgery: Spay / Neuter	Vaccination and Identifica X Rabies FVRCP Leukemia Microchip Labwork: Junior Wellness Profile Senior Wellness Profile FeLV/FIV Test \$25.00 Fecal Examination Pre-Anesthesia Bloodw Buster Collar (E-Collar ent, of the animal described above. Inding the administration of pain relie with any medical treatment, surgicate of successful treatment can be made Dublin for a no-charge recheck at they hospital at my own expense.	\$0.00 \$10.00 \$17.00 \$25.00 \$25.00 \$20.00 \$70rk \$55 \$2100 \$20.00 \$30 \$100 \$30 \$100 \$3
Pre-op exam: Wt(lbs):		
Pre Med:		
Induction:		
Procedure Description:		