

**\*\*\*CHECKS PAYABLE TO HSMC AND MAILED TO\*\*\***

**\*\*\*HSMC PO BOX 298 MT GILEAD, OH 43338\*\*\***

CLINIC USE ONLY:

CAT \_\_\_\_ OF \_\_\_\_



CLINIC USE ONLY:

PAID C/CK# \_\_\_\_ \$ \_\_\_\_

Surgery Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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
- Ear Tip (TNR/feral) no additional charge
- Dental (Average range \$100 - \$150)
- Other: \_\_\_\_\_ \$ \_\_\_\_\_
- Additional oral pain meds \$10 (3 days)\*

**Parasite Control:**

- Broad spectrum Dewormer\*
- Heartworm Prevention\*
- Flea/Tick Control\*
- Ear Clean / Mite Treatment \$15

Organization Admin fee: \$ \_\_\_\_\_

**Vaccination and Identification:**

- Rabies \$10.00 **INCLUDED IN PRICE**
- FVRCP \$14.00
- Leukemia \$20.00
- Microchip \$30.00

**Labwork:**

- Pre-Anesthesia Bloodwork \$60
- Junior Wellness Profile \$65 (Outside Lab)
- Senior Wellness Profile \$125 (Outside Lab)
- FeLV/FIV Test \$35.00
- Fecal Examination \$35.00-40.00

**Buster Collar (E-Collar) \$15**

**Additional Services requested or recommended:** \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and veterinary staff to perform the services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

**Signature of owner/agent:** \_\_\_\_\_

***For Clinic Use Only (do not write in fields below)***

Wt. (lbs.): \_\_\_\_\_ Notes: \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

Add'l Notes: \_\_\_\_\_
