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 7/2/24

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:
X ___ 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:

X ___	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**
By initialing I am confirming I was offered an e collar and declined _____

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: _____
_____
Addt'l Notes: _____
_____

RASCAL Unit, Ltd. ● 6365 Old Avery Road Suite 9 ● Dublin, OH 43016● 614 791 7729