

**CHECKS MUST BE MADE PAYABLE TO THE HSOFCMC!!**

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

**PLEASE DO NOT MAIL TO RASCAL**



Surgery Date 9 / 15 / 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
- Ear Tip (stray/feral) no additional charge
- Dental (Average range \$100 - \$150)
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Parasite Control:**

- Broad spectrum Dewormer\*
- Heartworm Prevention\*
- Flea/Tick Control\*

\* Price, type of product and availability varies.  
Please ask what is available at clinic for current information.

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

**Vaccination and Identification:**

- Rabies \$0.00
- FVRCP \$10.00
- Leukemia \$17.00
- Microchip \$25.00

**Labwork:**

- Junior Wellness Profile
- Senior Wellness Profile
- FeLV/FIV Test \$25.00
- Fecal Examination \$20.00
- Pre-Anesthesia Bloodwork \$55

Buster Collar (E-Collar) \$10

**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 assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I understand that, although rare, there are risks with any medical treatment, surgical and anesthetic procedure including infection and death. I also understand that no guarantee of successful treatment can be made. If my cat is in need of post surgical care, I may contact the Rascal Animal Hospital in Dublin for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

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

***For Clinic Use Only (do not write below this line)***

Pre-op exam: Wt(lbs): \_\_\_\_\_

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

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

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