



Surgery Date 10/19/21

PLEASE MAKE CHECK PAYABLE TO THE HSOFMC
MAIL TO: HSOFMC PO BOX 298 MT GILEAD, OH 43338
DO NOT MAIL REGISTRATION TO RASCAL

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: _____ \$ _____

Vaccination and Identification:

- Rabies \$8.00 (INCLUDED IN PRICE)
- FVRCP \$11.00
- Leukemia \$18.00
- Microchip \$25.00

Parasite Control:

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

Labwork:

- Junior Wellness Profile \$65 (Outside Lab)
- Senior Wellness Profile \$125 (Outside Lab)
- FeLV/FIV Test \$30.00
- Fecal Examination \$20.00-35.00
- Pre-Anesthesia Bloodwork \$55

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

Organization Admin fee: \$ _____

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: _____