Surgery Date 3/30/21

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: _____ $_____

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 $8.00 (INCLUDED IN PRICE)
___ FVRCP $11.00
___ Leukemia $18.00

___ Microchip $25.00

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

___ 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:_____