

clinic use only:

CAT ___ OF ___



Surgery Date 1 / 31 / 23

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 \$10.00
- ___ FVRCP \$14.00
- ___ Leukemia \$20.00
- ___ Microchip \$30.00

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 \$35.00
- ___ Fecal Examination \$20.00-35.00
- ___ Pre-Anesthesia Bloodwork \$60

* 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: fds

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 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 below this line)

Pre-op exam: Wt(lbs): _____

Pre Med: _____

Induction: _____

Procedure Description: _____