

*clinic use only - please  
do not complete:*

CAT \_\_\_ OF \_\_\_



Surgery Date 9 26 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: \_\_\_\_\_ \$ \_\_\_\_\_

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

### 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

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 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: \_\_\_\_\_