

Clinic use only:  
CAT \_\_\_\_ OF \_\_\_\_  
Truck # \_\_\_\_

Admin use only: Date rec'd: \_\_\_\_  
Amount pd: \_\_\_\_  
Paid via: Ck C V PP



Surgery Date 3 / 18 / 25

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 (TNR/feral) no additional charge
- Dental (Average range \$100 - \$150)
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

Additional oral pain meds \$10 (3 days)\*

**Parasite Control:**

- Broad spectrum Dewormer\*
- Heartworm Prevention\*
- Flea/Tick Control\* Price, type of product & availability varies. Please ask us what is available.
- Ear Clean / Mite Treatment \$15

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

**Vaccination and Identification:**

- Rabies \$10
- FVRCP \$14
- Leukemia \$20

Microchip \$30

**Labwork:**

- Pre-Anesthesia Bloodwork \$60
- Junior Wellness Profile \$85 (Outside Lab)
- Senior Wellness Profile \$129 (Outside Lab)
- FeLV/FIV Test \$35
- Fecal Examination \$35-\$40

**Buster Collar (E-Collar) \$15**  
 **I have been offered an e-collar and decline**

**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 veterinary staff 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 in fields below)***

Wt. (lbs.): \_\_\_\_\_ Notes: \_\_\_\_\_

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

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

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

Add'l Notes: \_\_\_\_\_