Surgery Date : _____

FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: _____Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____ County: MORROW

Phone #: (____) _____ E-mail:_____

Cat's name: _____ Color: _____ DOB/Age: _____ Breed: _____ M/F: __

Surgery:

_X_ 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*

___ Ear Clean / Mite Treatment $15

Organization Admin fee: $ _____

Vaccination and Identification:

_X_	Rabies	$10.00
___	FVRCP	$14.00
___	Leukemia	$20.00
___	Microchip	$30.00

Labwork:

___ Pre-Anesthesia Bloodwork $60

___ Junior Wellness Profile $65 (Outside Lab)
___ Senior Wellness Profile $125 (Outside Lab)
___ FeLV/FIV Test $35.00
___ Fecal Examination $35.00-40.00

___ **Buster Collar (E-Collar) $15**
I have been offered the 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: _____
_____
Addt'l Notes: _____
_____