



Administrative Use Only Gender (M / F) Wt. ___#___oz Date of recent RV _____ verified by (initial) _____
Other notes upon check-in: _____ _____

Trap-Neuter-Return Surgery Admittance/Consent Form

Present this completed form when you bring your cat for surgery. Please print clearly.

Owner's Name:	Appt Date:
Address:	City: State: Zip:
Phone # you can be reached at while your pet is with us:(mobile/home/work)	
Secondary ph: (mobile/home/work)	
Email:	

Cat's Name:	Approx age:	Gender: M/F	Color:	Breed:
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The rabies vaccines and flea treatment is required in order for surgery to be done. For your convenience, the Rabies vaccine and Capstar (24 hour flea treatment) is included in the cost of spay or neuter.

Check next to Service(s) Requested:

Service/Cost	Service/Cost
<input type="checkbox"/> Spay (Female)-\$80 <input type="checkbox"/> Known pregnant-\$20 (Will be confirmed during procedure, party will responsible for this additional cost)	<input type="checkbox"/> Rabies vaccine-included with surgery <input type="checkbox"/> FVRCP vaccine-\$26 <input type="checkbox"/> FeLv vaccine-\$31 <input type="checkbox"/> FVRCP/FeLv Comvo vaccine-\$46
<input type="checkbox"/> Neuter (Male)-\$60	

I understand that all Trap-Neuter-Return cats are to be re-released in the place they were trapped after recovery from surgery, and will **receive an ear-tip (surgical removal of the tip of the left ear)** to allow easy recognition of cats who have been already neutered or spayed from a distance.

(Initials) _____

We recommend females to be confined in an appropriate cage for at least 3 days if possible.

The patient is transported in a secure humane trap for cats and I will not remove them until time of release. I pledge this is an unowned animal. I understand it is possible the patient may have *not* fasted appropriately and the intake of food/water before surgery can increase the risk of operative complications. To my knowledge the patient is not experiencing any vomiting, diarrhea, coughing, sneezing, discharge or any pain.

Feral cats do *not* automatically go home with post-operative oral medication. They receive an initial injection of Meloxicam (an NSAID for a one-time injectable use in cats) that lasts 3 days for pain and inflammation.

Drop off is between 7:00 am-8:30 am on a designated surgery day. **Latest Pick-Up time is 5:30 pm the day of surgery.** All animals **MUST be picked up before 5:30 pm.** We will give you an update on the earliest pick-up time after their procedure. Surgery patients not picked up the same day will be considered abandoned. Abandonment of an animal is a criminal offense.

I understand that feral cats do not get pre-anesthetic exams. I further understand that if the veterinarian on duty finds signs of illness, surgery may be postponed and treatments may be prescribed, for which I will be responsible.

I understand the anesthetic and surgical procedures may involve risk of complication, injury, or even death from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. **I understand that if I am not reachable at the phone number(s) I have provided, the best decision for the patient will be made at that time.** In the event of complications I will not hold KAAWS Aldine, their staff nor their veterinarian(s) conducting the surgery responsible. I will be responsible for all expenses incurred with this pet after it is discharged.

Your signature below indicates your acknowledgement that you have read and agreed to the above procedures, that you have all the information you require and you have had a chance to ask questions, and you authorize and consent to the surgical procedure including administration of anesthesia and analgesia.

Every attempt will be made to prevent a cardiac and/or respiratory arrest from occurring, but if the patient arrest, no CPR will be performed.

Signature of responsible party:

Date: