

SERVICE REQUEST FORM

Please fill out one form per cat in blue or black ink only.

Clinic date

CLINIC USE ONLY

1000

Today's contact TWILA COLLINS - CAT'S MEOW SNAP		Phone 360-623-0820	E-mail director@catsmeowsnap.org
Name of Owner/Caretaker, if different		Phone	E-mail
Complete Physical Address of Owner/Caretaker: Street: _____ City, State & Zip code:		Alternate Number, required:	Cat's name: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Not Sure
Can you handle this cat? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not sure		Cat's Age: ____ year(s) ____ months	Coat Length: ____ SH ____ MH ____ LH
Is cat microchipped? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not sure		Color:	
<p style="text-align: center;">PER FERAL CAT PROJECT POLICY, YOU MUST CHOOSE ONE:</p> <p><input type="checkbox"/> Surgery w/EAR TIP (N/C for Feral/free-roaming/barn cats)* - or - <input type="checkbox"/> Surgery w/ABDOMINAL TATTOO (Female \$25, Male \$15)</p>			
Has this cat had vaccines before? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not sure If yes, list date(s) of vaccines (or approx.): Health Concerns/Current Meds:		Please give this cat (check all that apply): <input type="checkbox"/> \$10 Rabies Vaccine *Rabies Vaccine is free and administered to all ET cats 3 mo or older <input type="checkbox"/> \$10 FVRCP Vaccine (Distemper) <input type="checkbox"/> \$15 Microchip (FCSNP provided) , includes chip, implant & registration <input type="checkbox"/> \$5 Flea Control (Revolution) <input type="checkbox"/> \$5 Tapeworm Treatment (Praziquantel) <input type="checkbox"/> \$5 Blood Draw (must take to regular veterinarian for testing) <input type="checkbox"/> \$5 Client Provided Microchip (Includes implant of microchip)	
*_____ I understand that Ear Tipping is for "at-risk" cats that live exclusively or nearly exclusively outdoors and are at risk of being trapped by others.			

****STAFF USE ONLY BELOW****

****STAFF USE ONLY BFI QW****

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Sex	Weight/lbs	Induction (TXK, IM)	Additional Induction (TKX, IM)	Buprenex 0.6mg/ml (TM)
<input type="checkbox"/> F <input type="checkbox"/> M		_____ cc Time_____	_____ cc Time_____	_____ cc

[illegible]

Other Medical Notes (see ClinicHQ for details):

☐ DVM write up needed (☐ done) Microchip number/sticker: _____

Sx Summary: **Neuter:** Unless otherwise noted, neuter was a routine closed neuter w/ autoligation. **Spay:** Unless otherwise noted spay was routine: Abdominal midline incision w/ 15 blade. Suspensory ligaments broken down. Ovaries removed & pedicles ligated. Broad ligament broken down. Uterine body ligated, transected, and uterus removed. Guters clean. Linea closed w/ absorbable monofilament suture. SQ & skin closed with buried absorbable monofilament suture. Skin glue applied. Suture used is 3-0 PDS equivalent. **Tattoo:** Routine tattoo is a separate midline incision, tattoo ink & then skin glue applied. **TXK=** Xylazine 4mg/ml, Ketamine 80mg/ml, Telazol 100mg/ml

DVM Initials



SURGICAL RELEASE FORM

Please fill out one form per owner/caretaker.

Clinic Use only

I, the undersigned, hereby request surgical spay/neuter at the Feral Cat Spay/Neuter Project. I declare under penalty of perjury that I care for the cat listed on the medical record on the reverse of this form, and/or that I am properly authorized to present the cat for the indicated surgery & treatments. I have read, understood and agree to the "Clinic Policies for Surgical Services" and have had the opportunity to ask questions concerning anything that I do not understand.

I declare that I have been feeding this cat, or have direct knowledge that this cat is being fed regularly. I have no reason to believe that the cat is living an inhumane lifestyle. I certify that, to the best of my knowledge, this and any cat(s) I present to the Feral Cat Spay/Neuter Project, now or in the future, have not bitten anyone in the preceding 10 days.

I understand that this cat will be scanned for a microchip and that if a microchip is found, further procedures will not be performed unless the chip is unregistered or we are contacted immediately and given permission for requested procedures by the chip registrant. The Feral Cat Spay/Neuter Project will attempt to contact the chip company and facilitate putting the person who brought the cat in in contact with the registrant. By signing this form, I hereby permit Feral Cat Spay/Neuter Project to share my contact information with the microchip company and/or the registered owner listed on this cat's microchip if applicable. If choosing the service option "FCSNP Provided Microchip" I agree to release my information to the microchip company, for the purposes of registering the microchip. Additionally, I agree that any information verification/updates or changes with the cat's microchip registration, after initial registration by FCSNP, is my sole responsibility and will be done directly with the microchip company.

I have read, understand and agree to the policies for ear tipping and tattooing in "Clinic Policies for Surgical Services." I agree that each cat and kitten spayed/neutered, or deemed previously spayed/neutered, will have one ear tipped and/or will be tattooed on the abdomen to allow ease of recognition upon re-release.

I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) that are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the cat(s) may not undergo a full pre-anesthetic evaluation by a veterinarian. By presenting these cat(s) for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery. I agree to hold the Feral Cat Spay/Neuter Project harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death.

I understand that any cat(s) presented as an "ear tip cat" for free surgery is assumed to be unowned/free roaming and if that cat experiences a serious adverse reaction to anesthesia, and/or surgery, or is deemed by our veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free roaming lifestyle, every reasonable attempt to contact the listed caretaker will be made before humanely euthanizing the cat. By signing this Surgical Release Form I give consent at this time for the veterinarian to use his/her discretion in the event that the caretaker cannot be reached in a timely manner; in addition, I give permission for euthanasia in advance for any and all "ear tip" cat(s) that I present to the Feral Cat Spay/Neuter Project, today or in the future, for free spay/neuter. By signing this Surgical Release Form I give my authorization for euthanasia in this circumstance.

I agree to pick up the cat following surgery as directed. I understand that if I fail to pick up the cat as directed, the cat may be declared abandoned and will be handled as such. I promise to see that all cats receive food, water and necessary care on a regular basis when returned after surgery to the location from which they were collected or to an alternate location if prohibited from returning to their original location. I acknowledge that once released, some cats may not return. I agree to provide this cat with any and all follow-up care that may be needed, after surgery. This may include, but is not limited to, seeking veterinary care for any postoperative complications, related to or unrelated to spay/neuter surgery, as well as treatment and/or follow-up for any administered treatments and/or pre-existing conditions.

I grant Feral Cat Spay/Neuter Project, its representatives and employees the right to take photographs and/or video of my cats while at the clinic for surgery. I agree that Feral Cat Spay/Neuter Project may use such photographs and/or video of my cats with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I agree to hold harmless and indemnify the Feral Cat Spay/Neuter Project, its agents, officers, employees and/or volunteers and any organization(s) with whom the Feral cat Spay/Neuter Project may partner and the agents, officers, employees and/or volunteers of such organization(s) from any losses, injuries and damages to myself and/or to the cat(s) arising out of, or in any way connected to, the services requested or provided herein. This includes, but is not limited to, trapping, transport, treatment, sedation, vaccinations, surgery, recovery and release of the cat(s). I certify that I am fully informed of the contents of this Surgical Release Form through reading it and by asking questions to clarify the information. I completely understand and agree with its' contents before signing it.

Print Name of Owner/Caretaker or Agent

Signature of Owner/Caretaker or Agent

Date

Signer is: ☐ Owner/Caretaker ☐ Agent