



**Cat Spay/Neuter Form
Spay and Neuter Clinic**

3934 N. Hayston Ave.
Fresno, CA 93726

Clinic Phone Number: 559-233-8706

Client ID: _____

Patient ID: _____

Owner's Last Name		First	
Address	City	State	Zip
Best Phone Number To Reach You:		Emergency Phone:	
Cat's Name:		Breed/Hair Length:	
Sex:	Color:	Date of Birth:	
E-mail Address:		Microchip ID:	

Your Pet's Medical History – Please read and answer each question carefully

Is your pet suffering from any of the following now? Coughing Sneezing Vomiting Diarrhea
 Weight Loss Loss of Appetite None **Other:** _____

Has your pet had ANY surgeries, injuries, allergic reactions, medical conditions, or seizures in the past? Yes No

If yes, please explain: _____

Is your pet currently taking any medications? Yes No **Which Medications:** _____

Has your pet had any possible exposure to rat/mouse poison? Yes No

Is your pet feral or aggressive to people and/or other animals? Yes No

Date of your pet's last Rabies vaccination: ___/___/___

Additional Products and Services

(Costs are in addition to surgery fees, please check items needed)

- | | | |
|---|--|---|
| <input type="checkbox"/> Upper Respiratory/Feline Distemper \$17 | <input type="checkbox"/> Nail Trim \$10 | <input type="checkbox"/> Flea Treatment \$12 |
| <input type="checkbox"/> Leukemia Vaccine \$17
<i>(Requires past FeLV test)</i> | <input type="checkbox"/> E-Collar \$12 | <input type="checkbox"/> Advantage Multi \$17 |
| <input type="checkbox"/> Rabies \$17 | <input type="checkbox"/> Box Carrier \$7 | <input type="checkbox"/> Bravecto Flea/Tick Treatment \$55 |
| <input type="checkbox"/> Microchip \$25 | <input type="checkbox"/> Ear Cleaning \$25 | <input type="checkbox"/> Tapeworm Injection \$17 |
| <input type="checkbox"/> Post-Op Pain Control \$18 | <input type="checkbox"/> Ear Mite Check \$10 | <input type="checkbox"/> Flea/Tapeworm Combo \$22 |
| | <input type="checkbox"/> Ear Mite Treatment \$30 | <input type="checkbox"/> Roundworm/Hookworm Treatment \$20 |
| | <input type="checkbox"/> FeLV/FIV Combo Test \$34 | <input type="checkbox"/> Deworm Combo \$30 |

Pre-Operative Lab Work \$98 Accept Decline

This is blood work that checks the liver and kidney functions, as well as a complete red and white blood cell count, helping us to identify if your pet has any complications that might increase their risk under anesthesia or during surgery.

CLINIC USE ONLY:

Wt:	Temp:	Atropine Sulfate 0.54 mg/ml:	SQ
H&L: N/A		Telazol 100 mg/ml:	IM
BCS: N/A		Onsior 20mg/ml:	SQ
CRT: N/A		Buprenorphine 0.3 mg/ml:	OTM
Anesthesia Monitored by Pulse OX		Pen-G 300,000 u/ml:	SQ
		Maintained with Iso/O2: ET-Tubed/Masked	
Comments:			

Sterilization Authorization and Medical Release

Incomplete forms will delay your animal from receiving treatment.

In the event that we are unable to examine your pet due to its behavior (scared, aggressive, etc.), you authorize us to sedate your pet prior to its exam. There is **no additional charge** for this, but, if you decline and we are unable to reach you to get permission, your pet will NOT receive surgery and will be rescheduled. _____ **Initials**

FERAL CATS ONLY With feral or community cats (wild, unsocialized, or unowned cats) we recommend a procedure called "ear tipping." This is the removal of a small portion of the tip of the right ear in order to create an easily noticed indicator that the cat has already been spayed or neutered. _____ **Initials**

_____ **Initials** I being of legal age and having responsibility for the animal described above, have the authority to grant the Valley Animal Center, herein referred to as VAC, VAC Spay & Neuter Clinic, and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform surgical services and/or sexual sterilization surgery upon the animal named above.

_____ **Initials** I hereby release the VAC Spay & Neuter Clinic, its veterinarians, assistants and all of its officers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any other treatment or services provided. I agree that I will not claim any right to compensation from them or file an action by reason of any procedure, sterilization or attempted sterilization of such animal or consequences related thereto.

_____ **Initials** I understand that any operation presents some hazards and that injury or death of said animal(s) may conceivably result due to the inherent risk of the procedure and the use of anesthetics and drugs used in providing these services.

_____ **Initials** I certify to my knowledge that this animal is in good health and has not bitten anyone in the last 10 days.

_____ **Initials** I acknowledge that all pre and post-operative care is my responsibility. I understand the inherent risks of failing to maintain current vaccinations and waiver all claims arising out of or connected with the performance of any treatment and/or surgical procedure due to such failure, particularly kittens under 4 months of age, and animals that have never been vaccinated or tested for FeLV/FIV.

_____ **Initials** If your female cat is pregnant or has an enlarged uterus at the time of surgery, there will be an additional charge of **\$10**. I understand and acknowledge that if my female cat is pregnant at the time of the spaying, the litter will be terminated. The termination of the litter will take place regardless of the stage of gestation.

_____ **Initials** If your male cat is cryptorchid, which means that one or both testicles never descended, there will be an additional charge of **\$40-\$100** that will be assessed by the veterinarian at the time of surgery. An E-collar is included with this charge and will be provided for you at the time of pick up.

_____ **Initials** I understand that the VAC Spay & Neuter Clinic has the right to refuse service to any animal which is deemed unhealthy. I agree to pay for any unanticipated expenses involved with the procedure or after-care of my animal. This includes, but is not limited to, any illness my cat may contract while in the facility. If a situation arises in which my pet is not healthy enough for surgery or I decline to continue with surgery, under any circumstances, I agree to pay a **\$17** Pre-anesthetic Exam Fee and a **\$10** Kennel Fee that will be due upon pick up.

_____ **Initials** I understand that the VAC Spay & Neuter Clinic is not staffed 24 hours a day and that after hours treatment of patients is at the discretion of the veterinarian and may involve transfer to an emergency facility at the owner's expense. Animals cannot be accommodated overnight at the VAC Spay & Neuter Clinic. I agree that if I have not picked up my animal from VAC Spay & Neuter Clinic by **5:30pm** on the day of surgery there will be a **\$60** overnight boarding fee and that there will be no VAC staff on the premises after hours.

_____ **Initials** I understand that the VAC Spay/Neuter procedure includes tattooing the surgery site of female patients for identification purposes.

_____ **Initials** I certify that my animal has had **no food or water since 12 AM** the evening prior to surgery.

I, (Owner or authorized agent of owner), request and authorize the VAC Spay & Neuter Clinic to administer vaccines, flea treatment, deworming, or any other medical treatment that has been requested to my animal. I understand that these treatments or vaccines can cause adverse reactions in some animals. I hereby release VAC Spay & Neuter Clinic, all directors, employees and members of the staff, veterinarians, and assistants from any claim arising out of or in connection with the receipt of any treatment or vaccine given and waive them of liability for any adverse outcomes that could be incurred while the patient is in the care of VAC Spay & Neuter Clinic.

Signature of Client or Authorized Representative:	Today's Date:
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