

Feral Cat Form



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rockyshoresvets@hotmail.com

YOUR INFORMATION (please print)

Last name _____

First name _____

☐ Private rescuer ☐ Non-Profit ☐ Municipal/gov't

Name of Rescue/Shelter Organization _____

Mailing Address _____

City/Zip Code _____

Contact Information:

Phone numbers:

Primary _____

Secondary _____

Ace/Bup(mg) _____ / _____ IM Metacam(mg) _____ SC
Ketamine(mg) _____ IM Diazepam(mg) _____ IV
Telazol(ml) _____ IM

S **N** Crypt Preg/Pyo/Hydr Obese Hernia

AdvM Felv/FIV/HW

Surgical Procedure:

☐ Ligatures (3-0 abs. mono.) ☐ Pedicle tie

Closure(3-0 abs. mono.):

☐ 2-lay ☐ 3-lay ☐ S.C. ☐ Ct

☐ Surgical Adhesive

ANIMAL INFORMATION:

Sex **M** **F** Approx. Age _____

Color _____ Markings _____

Weight (lbs)

BCS 1 2 3 4 5

CV N A

Resp N A

EENT N A

Repro N A

Int N A

Neuro N A

Comments: _____

I have examined this animal prior to performing surgery. This exam may have been done under sedation/anesthesia if the animal was not able to be handled without prior sedation.

Veterinarian's Signature _____

I certify that I am 18 years of age or older and that the above information is true to the best of my knowledge. I, being the "client" or authorized agent for the client, have the authority to grant Rocky Shores Veterinary Hospital my consent to examine, perform surgery on, prescribe for, and /or treat the animal(s) for which I enter into this veterinarian-client-patient relationship. I fully understand the risks associated with anesthesia and surgery, and that without pre-surgical bloodwork the risks of complications including death are increased. _____ (client initials)

I have been informed that this animal may present in poor health, thereby increasing the risk of poor recovery, healing, and/or death, but still wish to proceed with surgery. _____ (client initials)

I understand that charges incurred at the time of surgery shall be paid for in full upon release of the animal(s) and that a deposit of at least 50% of the estimate of charges is required for groups of 15 or more cats, unless previous financial arrangements have been made with the owners of Rocky Shores Veterinary Hospital.

SIGNATURE OF CLIENT OR AUTHORIZED AGENT _____ DATE _____

PRINT NAME _____