

FERAL CAT Veterinary Surgical Release Form

Owner Information

Name: _____ Date: _____

Phone Number: _____ Email: _____

Are you with a rescue or a sponsored program? If yes, which rescue or program:

Pet Information (if you do not know, please write your best guess)

Name: _____

Age: _____

Sex (circle): Male Female Unknown

Breed _____

Color _____

Services:

- Fix & Ear Tip (\$60)
- Feline Combo Test (FEL/FIV/HW) (\$46)
- Ear Cleaning (\$25)
- Nail Trim (\$18) *(if releasing cat, do not select)*
- Bloodwork *(in house wellness panel, done while pet is under anesthesia)* (\$100)
- FVRCP Vaccine (\$25)
- Felv Vaccine (\$45) *(need a negative Feline Combo Test)*
- Rabies Vaccine (\$20)
- Microchip (\$25) *if declining an ear tip, you must agree to pay for a microchip. An ear tip is strongly recommended for any cat being released.*
- Flea Prevention (\$22-25) *If your pet has live fleas, we require flea preventative.*
- Deworming Injection (\$22-29) *Treats tapeworms which pets get from ingesting flea eggs.*
 - Select if you want us to treat **only** if we find tapeworms on your pet.
- Ferals do not receive a pre surgical exam**, if there is something you would like to be specifically examined please describe: _____

Surgical Consent:

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors and staff at Priceless Pets Veterinary Clinic to perform the above noted procedures or operations. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I understand that I am responsible for all costs associated with any medical recommendations made by the doctor on duty, including costs associated with unforeseen medical circumstances.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature of Legal Owner or Guardian of Pet

Date

In the event your pet is pregnant, we will move forward with the termination of pregnancy. INITIAL HERE: _____

In the event your pet has additional medical issues, do you wish to move forward with treatment? We will try to contact you, but in the case we are not able to contact you, do we have your permission to move forward if the cost is:

- Less than \$50 Yes _____ No _____
- less than \$100 Yes _____ No _____

While I understand this is against medical advice, I decline all pain medication and antibiotics. Initial _____

In the case that any life-threatening emergencies arise I do _____ or do not _____ give my permission to perform emergency lifesaving treatment. I grant my consent for this procedure. I agree to pay in full for services rendered at the time of pick up.

Signature of Legal Owner or Guardian of Pet

Date