

Feline Anesthetic and Surgical Release Form (Feral)

Finder Name: _____ Patient Name: _____
Finder Date of Birth: _____ Patient Gender: Male _____ Female _____ Unknown _____
Address: _____ Patient Age or Date of Birth: _____
Apt. # _____ City: _____ Zip Code: _____ Patient Breed: _____
Driver's License # _____ Patient Color: _____
Phone Number where finder is reachable **TODAY**: _____ Alternate phone: _____

**Name and phone number of person picking cat up (if different than the finder) _____

Does the animal have any pre-existing health concerns or problems? Yes _____ No _____
If yes, please describe: _____

How long have you owned or have been feeding this cat / how long have you noticed this cat "hanging around" your home? Please explain: _____

(PLEASE CIRCLE) Would you like any of the following services to be performed?

- | | | | |
|--|----------|--|---|
| ● Kidney Function Test \$10 | yes / no | ● FeLV Vaccination \$23 | yes / no |
| ● FeLV Test \$25 | yes / no | ● FVRCP Vaccination \$18 | yes / no |
| ● FeLV/FIV Test \$40 | yes / no | ● Rabies Vaccination \$14 | yes / no |
| (recommended if cat is over 6mo old) | | (will be given unless proof of a current vaccine is shown) | |
| ● Additional Pain Medicine \$15 | yes / no | ● Pyrantel Dewormer \$6 | yes / no |
| ● Hernia Repair \$15-\$25 | yes / no | ● Ear Mite Treatment \$20 | yes / no |
| ● Microchip \$28 | yes / no | ● Tape Worm Treatment \$16-\$21 | yes / no |
| ● E-Collar \$10 | yes / no | ● Capstar \$6 - \$7 | yes / no |
| (Lampshade shaped protective collar) | | (fast acting, temporary flea treatment) | |
| ● Cardboard Carrier \$5.75 | yes / no | ● Advantage Flea Prevention \$8-\$11/month | yes / no |
| ● Extract Retained Baby Teeth (\$5 per) | yes / no | ● Tattoo Ink at Incision \$0 | (as permanent proof of |
| ● Toe Nail Trim \$0 | yes / no | the sterilization, all feral cats will receive a small green tattoo near | the incision, or near the umbilicus if the feral is a male cat) |
| ● All Feral cats will receive and Ear Tip as a universal | | | |
| indication that they have been sterilized. | | | |

Butte Humane Society uses qualified staffing and approved materials for all procedures performed. It is important to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.

Carefully read and understand the following before signing your name:

- In the event of an emergency, I authorize Michael Seely, DVM, his agents and representatives, to perform any procedures deemed necessary to save the life of this cat. **CIRCLE:** yes / no
- I either certify that the cat has been vaccinated within one year prior to this date or understand that he/she is not protected from contagious disease. I understand that it takes up to two weeks for vaccinations to protect the cat.
- Butte Humane Society has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that there will be an additional fee of \$10-\$25 if there are changes to the cat's uterus from such causes as being in heat, pregnant, or obese.
- I understand that if I do not pick up the cat before 6pm this evening I will be charged an overnight boarding fee of \$25.
- I understand that if the cat stays overnight there is no staff on the premises 24 hours a day.
- I understand that if the cat is pregnant, the pregnancy will be terminated at the time of surgery.
- I understand that if the cat has fleas, it will be given Capstar, a fast-acting, short term flea treatment, at a cost of \$6 to ensure a sterile surgery.
- **Full payment is due at pick up. We accept cash and credit. We do not accept checks unless it is for a donation. We do not accept Care Credit.**

I would like to make a donation in the amount of \$ _____ to support BHS in its mission to save animals.

I, _____, hereby certify I am the finder, or authorized agent for the finder, of the cat, and to the
Finder's Name (Please Print)

best of my knowledge there is no other owner of the cat. I give Michael Seely, DVM, his agents and representatives full authority to perform a surgical spay/neuter on said animal. I hereby release said Doctor, agents and representatives from any and all liability arising from said surgery, adverse reactions, or unforeseeable events. I understand and accept that although rare, there are inherent risks, including death, involved with any anesthetic and surgical procedure.

Signed: _____ Date: _____