

**Butte Humane Society Spay and Neuter Clinic**  
 587 Country Drive, Chico, CA 95928 (530) 343-7917 ext. 202  
**Feral Feline Anesthetic and Surgical Release Form**

Owner Name \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Owner Date of Birth \_\_\_\_\_ Patient Gender (circle) Male or Female  
 Address \_\_\_\_\_ Patient Age or Date of Birth \_\_\_\_\_  
 Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Patient Breed \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Patient Color \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone number where owner is reachable TODAY \_\_\_\_\_ Alternate ph. \_\_\_\_\_

*\*If not the owner of the animal, please list name and phone number of the person dropping off this animal for surgery today (Photo ID required) \_\_\_\_\_ / \_\_\_\_\_*

*\*\*If someone other than the owner will be picking up this animal please provide name and phone number \_\_\_\_\_ / \_\_\_\_\_*

- Does your pet 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 (Y or N) the following services you wish to have performed today with the spay/neuter:**

Rabies Vaccination	\$14	Y / N	FeLV Test	\$25	Y / N
FVRCP Vaccination	\$19	Y / N	FIV/ FeLV Combo Test	\$40	Y / N
FeLV Vaccination	\$23	Y / N	Hernia Repair	\$25	Y / N
Microchip (reg. \$21, \$10 off during surgery)	\$11	Y / N	Advantage (topical flea treatment, 1 month)	\$8-\$11	Y / N
E-collar (protective collar (cone))	\$10	Y / N	Ear mite Treatment	\$20	Y / N
Extract retained baby teeth	\$5 per	Y / N	Tapeworm Treatment	\$16-\$21	Y / N
Capstar (fast acting, temporary, 24 hour flea treatment)	\$6- \$7	Y / N			

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 Laura Humason, DVM, her 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, and if the cat is pregnant, the pregnancy will be terminated at the time of surgery.
- 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 and that we do not have staff on the premises 24 hours a day.
- 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.
- I understand that all feral cats receive an ear-tip and a small green tattoo near the incision as a universal sign that they have been sterilized.

I, \_\_\_\_\_, hereby certify I am the owner or authorized agent for the owner, of the cat  
Owner Name (please print)  
 \_\_\_\_\_, and I give Laura Humason, DVM, her agents and representatives full authority to perform a  
Pet Name (please print)  
 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. **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.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_