

**Feline Anesthetic and General Surgical Release Form**

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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. \_\_\_\_\_  
Secondary Owner Name and Phone# \_\_\_\_\_ / \_\_\_\_\_

**Procedure to be performed today: circle: Spay or Neuter**

**Please check Yes or No to the questions below, please provide a response if required.**

- Did your pet eat this morning? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is there a possibility your pet may be pregnant at this time? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has your pet ever been pregnant or had a litter before? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
    \*If yes, when? \_\_\_\_\_
- Does your pet have any pre-existing health concerns or problems? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please describe: \_\_\_\_\_

- Has your pet ever had a seizure? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has your pet ever had a vaccine REACTION? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please describe: \_\_\_\_\_

- Is your pet currently taking any medications? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, what medications, what are they for, and when was the last dose?

\_\_\_\_\_  
Has your cat ever been outdoors? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, when did they have their last FELV/FIV/Heartworm test? \_\_\_\_\_

Was the result positive or negative? \_\_\_\_\_

- How long have you owned your pet? \_\_\_\_\_

Would you like oral sedatives to go home to help keep your pet calm during recovery? Circle one: Y/N

**Please list the most recent date and location your pet was vaccinated:**

Last vaccine date: \_\_\_\_\_ Clinic/City/State: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I wish to purchase a surgery package (please initial the line next to the package you would like):**

\_\_\_\_\_ Essentials Package or \_\_\_\_\_ Premium Package (Staff: \$ \_\_\_\_\_)

**Unless you are purchasing a package above, Please circle (Yes or No) the following services you wish to have performed today:**

Rabies Vaccination	\$25	Y / N	Tapeworm Treatment	Price Varies	Y / N	FIV/ FeLV/HW Triple Test	\$48	Y/N
FVRCP Vaccination	\$29	Y / N	Toe Nail Trim	\$0	Y / N	Pyrantel De-wormer (treats round/hook/and whipworms only)	\$9	Y/N
FeLV Vaccination	\$32	Y / N	Pain Medication Handout	\$0	Y / N	Capstar (fast acting, 24 hour flea treatment)	\$7-\$9	Y/N
Microchip (originally \$35; \$10 off during surgery)	\$25	Y / N	IV Catheter	\$25	Y / N	Pre-Surgical Bloodwork	Price varies	Y/N
E-collar (protective collar (cone))	\$12	Y / N	Cardboard Carrier	\$6	Y / N	Bravecto (topical prevention)	\$42	Y/N

**Please circle (Yes / No): If the conditions below appear upon examination would you like us to provide treatment?** *(Because these procedures are performed while your pet is under anesthesia, we need your answer now)* •

Extract retained baby teeth (prevents future dental problems): \$10-\$20 per tooth yes / no

In order to ensure a sterile surgery, if any external parasites are observed on your pet (Including ear mites, tapeworms, fleas or any other parasite) Treatment will be administered prior to surgery at a cost of \$6-\$35+ depending on the parasite present and treatment required. My initials verify that I have read, agree to and understand this policy. **Initial:** \_\_\_\_\_

**Please circle (Yes / No):** In the event of an emergency, I, \_\_\_\_\_, authorize the Butte Humane Society Clinic's DVMs, agents and representatives, to perform any procedures deemed necessary to save the life of \_\_\_\_\_ **yes / no.**  
Owner Name (please print)  
Pet Name (please print)

**Please read and initial that you understand the following items and obligations that accompany your pet's surgical procedure:**

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

\_\_\_\_ I either certify that my cat has been vaccinated within one year prior to this date or understand that he/she is not protected from contagious diseases. I understand that it takes up to two weeks for vaccinations to protect my cat. Butte Humane Society has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_ I understand that if my cat is overweight/obese, this will cause surgical complications and there will be an additional surcharge of **\$10-\$50.**

\_\_\_\_ I understand that if I do not pick up my pet by 5:45pm this evening I will be charged an overnight boarding fee of \$100.

\_\_\_\_ I understand that if my pet stays overnight there is no staff on the premises 24 hours a day, and that Butte

Humane Society is not liable for my pet after business hours.

\_\_\_\_ I understand that if my pet has external parasites (fleas, ear mites, tapeworms, etc.), the Doctor will treat as necessary (at the owner's expense \$6-\$42) to ensure a sterile surgery.

\_\_\_\_ BHS operates normal business hours as a public service in Butte County. If you are experiencing an emergency outside our normal business hours please contact the nearest clinic that provides emergency services. BHS specifically disclaims any responsibility or liability for any costs associated with, arising from, or stemming from any treatment, non-treatment, or inability to provide services outside our normal business hours. \_\_\_\_ Every effort is made to carefully select healthy surgical candidates. However, in any situation where multiple animals are in close proximity, they are at risk of contracting an upper respiratory infection.

I, \_\_\_\_\_, hereby certify I am the owner or authorized agent for the owner, of the  
cat Owner Name (please print)

\_\_\_\_\_, and I give the Butte Humane Society Clinic's DVMs, agents and representatives full  
Pet Name (please print)

authority to perform a surgical spay/neuter on said animal. I hereby release said Doctor(s), 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:** \_\_\_\_\_