



Surgery Date \_\_\_\_\_

## FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cat's name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_\_

### Surgery:

- ☐ Spay / Neuter  
☐ Ear Tip (TNR/feral) no additional charge  
☐ Dental (Average range \$100 - \$150)  
☐ Other: \_\_\_\_\_ \$ \_\_\_\_\_  
☐ Additional oral pain meds \$10 (3 days)\*

### Parasite Control:

- ☐ Broad spectrum Dewormer\*  
☐ Heartworm Prevention\*  
☐ Flea/Tick Control\*  
☐ Ear Clean / Mite Treatment \$15

Organization Admin fee: \$ \_\_\_\_\_

### Vaccination and Identification:

- ☐ Rabies \$10.00  
☐ FVRCP \$14.00  
☐ Leukemia \$20.00  
☐ Microchip \$30.00

### Labwork:

- ☐ Pre-Anesthesia Bloodwork \$60  
☐ Junior Wellness Profile \$65 (Outside Lab)  
☐ Senior Wellness Profile \$125 (Outside Lab)  
☐ FeLV/FIV Test \$35.00  
☐ Fecal Examination \$35.00-40.00

☐ **Buster Collar (E-Collar) \$15**

**Additional Services requested or recommended:** \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and veterinary staff to perform the services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

**Signature of owner/agent:** \_\_\_\_\_

### ***For Clinic Use Only (do not write in fields below)***

Wt. (lbs.): \_\_\_\_\_ Notes: \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

Add'l Notes: \_\_\_\_\_




Surgery Date \_\_\_\_\_

### PATIENT CHECK-IN INFORMATION

**Please fill in all information as completely as possible to allow optimal care for your cat.**

**This form must be filled on the surgery day, not before**

Owners Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

**Telephone number where we can reach you today:** \_\_\_\_\_

How long have you owned this cat? \_\_\_\_\_ Not owned (caretaker/TNR)

Where did you obtain this cat?

Shelter Breeder Pet Store Stray Individual Other \_\_\_\_\_

Is your cat (circle one): Indoor only Outdoor Only Indoor/Outdoor Stray/Feral

Has your cat displayed any of the following in the last 2 weeks: (check if yes)

Sneezing Coughing Vomiting Diarrhea

Has your cat ever had a seizure? No Yes, please explain \_\_\_\_\_

Has your cat had any previous ... (circle yes or no):

...Illness, Injury or Previous Surgery? No Yes, please explain: \_\_\_\_\_ ...

Drug or vaccine **reaction**? No Yes, please explain: \_\_\_\_\_

Is your cat on any long-term medications? If so, list all \_\_\_\_\_

Has your cat been given any medications in the last 30 days? If so, list type and why it was given  
\_\_\_\_\_

Do you have a regular veterinarian? Yes No

When did your cat last eat? \_\_\_\_\_

How did you hear about the Rascal Unit? \_\_\_\_\_

Has your cat been treated for fleas/ticks? No Yes, what product was used? \_\_\_\_\_

Is your cat on monthly heartworm prevention? No Yes

If yes, what type? Revolution Nexgard Bravecto Plus Other: \_\_\_\_\_

**IF** your cat is female: When was her last heat cycle? \_\_\_\_\_ Unsure

Has she had any litters? No Yes, When? \_\_\_\_\_

Could your cat be pregnant? Yes No