



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: \_\_\_\_\_

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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  Friend/Relative  My cat's litter

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, 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  
\_\_\_\_\_

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

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

Could your cat pregnant?  Yes  No

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

Is your cat on monthly heartworm prevention? Yes  No

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

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

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

Do you have a regular veterinarian?  Yes  No