



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 - \$300)
____ Other: _____ \$ _____

____ Additional oral pain meds \$10 (3 days)*

Parasite Control:

____ Broad spectrum Dewormer*
____ Heartworm Prevention*
____ Flea/Tick Control* Price, type of product & availability varies. Please ask us what is available.
____ Ear Clean / Mite Treatment \$15

Organization Admin fee: \$ _____

Vaccination and Identification:

____ Rabies \$10
____ FVRCP \$14
____ Leukemia \$20

____ Microchip \$30

Labwork:

____ Pre-Anesthesia Bloodwork \$60
____ Junior Wellness Profile \$85 (Outside Lab)
____ Senior Wellness Profile \$129 (Outside Lab)
____ FeLV/FIV Test \$35
____ Fecal Examination \$35-\$40

____ **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 ☐ 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 medication(s) in the last 30 days? If so, list type and why it was given

When did your cat last eat? _____

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? ☐ Yes ☐ No

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

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: _____