



Surgery Date ___/___/___

FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: _____ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

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

Surgery:

- Spay / Neuter
- Dental (please ask for estimate)

Parasite Control:

- Flea topical treatment*
- Dewormer*
- Ear clean / Ear mite treatment \$5-10.00

* Please ask for price and product available at time of clinic

Clinic Admin fee if applicable \$ 5.00

Vaccination and Identification:

- Rabies \$7.00
- FVRCP \$10.00
- Leukemia \$13.00
- Microchip \$20.00

Labwork:

- Felv/FIV/Heartworm \$25.00
- Fecal Examination*
- Junior Wellness Profile*
- Senior Wellness Profile*

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 assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks, and at-home care. I also understand that no guarantee of successful treatment can be made. If my pet is in need of post surgical care, I may contact RASCAL Unit for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: _____

For Clinic Use Only

Pre-op exam: Wt(lbs): _____ T: _____ P: _____ R: _____

Pre Med: _____

Induction: _____

Procedure Description: _____



Surgery Date ___/___/___

PATIENT CHECK-IN INFORMATION

**Please fill in all information as completely as possible to ensure optimal care for your pet.
This form must be filled on the day of surgery, not before.**

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you today: (____) _____

How long have you owned this cat? _____

Where did you obtain this cat? _____

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

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

Sneezing _____ Coughing _____ Vomiting _____ Diarrhea _____

Has your cat ever had a seizure? Yes No

If yes, explain: _____

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

...Illness? Yes No If yes, please explain: _____

...Injuries? Yes No If yes, please explain: _____

...Surgery? Yes No If yes, please explain: _____

...Drug or vaccine reaction? Yes No If 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 month? 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? If so, when was the last time? Yes _____ No

Is your cat pregnant? (circle one) Yes No Could be

Has your cat been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? _____

When was the last time your cat was Leukemia/FIV tested? _____ Not tested

Is your cat on monthly flea and/or heartworm prevention? Yes No

If yes, what type? Frontline Revolution Advantage Multi Other: _____

When did your cat last eat? _____

How did you hear about RASCAL? _____

Do you have a regular veterinarian? Yes No

If you have more than one cat you will need a form for each cat.

You must have your cat(s) at Pets are People Too on the corner of North Park Ave and North St NW in Warren

Between **8:30a-9:00 am** on Saturday and Sunday

No food or water after 10 PM

Must be in a clean, secure carrier (no soft sided carriers) and either newspaper or clean bedding in the carrier.

Fill out all blanks on the form to the best of your knowledge.

Put a piece of paper on the carrier and on it write your name, contact phone number, cat's description, female or male and

Feral if it is wild.

Place a second piece of paper on the carrier with the cat's name in large letters.

\$7.00 rabies vaccine is mandatory.

Please fill out the form and mail along with proof of your low income status if you have been told to do so.

Please make your check payable to:

TNR of Warren, Inc.

Mail to

TNR of Warren, Inc.

P O Box 2477

Warren, Oh 44484

Or pay on paypal at paypal ID tnrofwarren@yahoo.com

Your appointment is not confirmed until form and payment received.

Any questions please call 330 330 8166