

FELINE INFORMATION AND CONSENT FORM

Today's date _____ Animal name _____
Caretaker name _____ Approx age _____ male female
Address _____ Breed: DSH DMH DLH Other _____
City _____ State _____ ZIP _____ Color/markings _____
COUNTY of residence: _____ How did you hear about POP-NC? _____
PHONE NUMBERS TO REACH YOU TODAY (please be available) _____

- Spay \$70
- Neuter \$55
- Wellness Exam \$30

*There may be an extra fee for lactation, being in heat, pregnancy, umbilical hernia repair or undescended testicles.

ADDITIONAL SERVICES: PLEASE CHECK THOSE DESIRED

FeLV / FIV (leukemia/immunodeficiency virus) test **\$25** recommended for all cats whose FeLV / FIV status is unknown

If either is positive, I request:
 NO EUTHANASIA; completion of surgery euthanasia INITIALS _____

***Not all cats who initially test positive will remain so; ideally s/he would be isolated from negative cats and retested in 90 days ***

- Pain medicine to take home ***highly recommended*** **\$5**
- FVRCP Vaccine **\$5 or included w/surgery fee**
- Rabies Vaccine 1yr/3yr **\$5 or included w/surgery fee**
- Microchip **\$30**
- Frontline Plus **\$30 for 3 month supply**
- Deworming **\$5 - 10**
- FeLV Vaccine (negative test required) **\$15** (MUST be boosted in 3-4 weeks)
- Other _____

PATIENT INFORMATION

Has your cat ever been to a vet before? yes no

When did your cat last eat? _____

In the last week, has your cat had:
Or changes in: coughing sneezing vomiting diarrhea
 activity level appetite water consumption
Explain _____

Has you cat ever seized? yes no Explain _____

Any known vaccine or medicine reactions? yes no Explain _____

Any history of: health problems injuries or surgeries (hit by car, etc)
Explain _____

What medication has your cat had in the last month and why? _____

In the last 10 days has your cat been treated for fleas or ticks (dip, spray, topical, shampoo, powder)?
 yes no What product was used? _____

WE ACCEPT CASH ONLY. Payment is expected at drop-off. Animals will be released only to the person signing below unless prior arrangements are made.

You will be notified at the number provided if additional charges become necessary during the day.

By signing below, I state that I understand that although every effort will be made to ensure the safety of my pet today, unrecognized medical problems may exist which can cause serious problems, including death.

Caretaker signature _____ **Date** _____