

Checks are held until surgery is actually scheduled. You will receive a phone call when there is a surgical slot available.



### Clarion PAWS Low Cost

### CAT SPAY NEUTER CLINIC-FERAL/STRAY CATS

22592 Rt. 68, Clarion, PA 16214

[spayneuterclinic@clarionpaws.org](mailto:spayneuterclinic@clarionpaws.org) 814-791-9010

If you are bringing in multiple feral/stray cats, please list them on a separate sheet of paper: breed, color, approx. age and if it is a male or female (if known). If you have a name for the cat, please also list its name with the cat description. Otherwise we will assign a name.

### Application for spay/neuter surgery

Caregivers Full Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_\_) \_\_\_\_\_

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

Cats Age (if known) \_\_\_\_\_

**Breed:** Purebreed \_\_\_\_\_ or  Domestic Short Hair  Domestic Medium Hair  Domestic Long Hair

**Color(s)**  Calico (Brown,Black & White)  Tortie (Black & Tan)  Tabby (Stripes pattern-circle cat coat color: Grey Orange Brown )  Solid (Circle coat color: Black White)  Bi-color (White with circle color: Grey Yellow Orange Black )  Tuxedo (Black usually with white on chest and/or paws)

**Cat lives:**  in barn or other outbuilding  outside under house/building, in woods, around junk piles, dumpsters, public parks, mobile home park.

**Is this cat:**  Somewhat socialized (can be handled)  Unable to be touched or handled

**Is feral/stray cat Pregnant?**  Yes  No  Unsure (we do spay pregnant animals)

**Has this feral/stray cat recently had a litter?**  No  Yes-Date litter born \_\_\_\_\_  Unknown

**Please list any know injuries or health problems and medications:**

\_\_\_\_\_

**How many feral/stray cats do you care for?** \_\_\_\_\_

**How many are already spayed \_\_\_\_\_ or neutered \_\_\_\_\_ ?**

*There are no financial restrictions for colony caregivers to be eligible for the low cost feral and stray cat spay/neuter program. All cats receive the spay/neuter surgery, a rabies vaccination, checked for ear mites and if present, treated. Ivermectin and/or Frontline may be administered. All feral and stray cats will have their left ear tipped (up to 1/2 inch of the tip of the left ear is cut off to easily identify that this cat is already sterilized. This is a universal identification tool for feral and stray cats that are part of an organized Trap Neuter Return program). Any cat weighing 2 1/2 lbs or more can be spayed or neutered. Our veterinarians do pediatric spay/neuters.*

Male Cat Neuter \$45.00  Female Cat Spay \$65.00 **May be an additional charge of \$5 if pregnant.**

FVRCP Vaccination \$6.00

FeLV only test \$13.00  FeLV/FIV test (cat must be over 6 months of age) \$25.00

**Total \$** \_\_\_\_\_  **I have enclosed my check/money order** (Please do not send cash. If cash is your only option for payment you will need to pay the day of surgery. **No** surgeries will be performed without payment in full)

**Mail application and fees to: Clarion PAWS, 22592 Rt. 68, Clarion, PA 16214**  
*Make checks or Money Orders payable to Clarion PAWS. All fees are non-refundable.*

**Mailed applications must be received at least 3 days prior to the clinic date.** If you think your application will not be received in time, if mailed, please bring with you the morning of surgery along with applicable fees.

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**CLARION PAWS/ Low Cost  
CAT SPAY NEUTER CLINIC**

**FERAL/STRAY FEE SCHEDULE  
INFORMATION!**

**KEEP THIS PAGE—IT IS FOR YOUR**



**Male Cat Neuter \$45.00      Female Cat Spay \$65.00**

*All Surgeries Include Rabies Vaccination! Also included is ear mite treatment should ear mites be found.*

**OPTIONAL ADDITIONAL SERVICES AVAILABLE WITH SPAY OR NEUTER ONLY!**

**FVRCP Vaccine\* \$6.00** (*This vaccine may need to be boosted in 3-4 weeks, by your veterinarian*)

The FVRCP vaccination protects your cat against three contagious diseases, rhinotracheitis, calcivirus, and panleukopenia. FVR = Feline Viral Rhinotracheitis. This is a severe upper respiratory infection that is most dangerous to young kittens and older cats. The virus is extremely contagious to cats, and is caused by a feline herpes virus. FVR can leave some cats with permanent respiratory system and optical damage. C = calcivirus. There are several different strains of calcivirus, causing a range of illness from mild infection to life-threatening pneumonia. The more dangerous strains can be deadly to young kittens and older cats. Calcivirus is transmitted through direct contact with an infected cat or an infected item. A carrier cat can pass the virus on for up to one year. P = panleukopenia, also known as feline distemper. Feline distemper is a highly contagious disease that moves very quickly through the system. It is caused by a parvovirus similar to the parvovirus seen in dogs.

**FelV only test \$13.00**

**FelV/FIV test \$25.00**

What Is a FelV and FIV Test? The feline leukemia (FelV) and FIV test is a blood test used to detect exposure to or infection of one of these viruses. Both viruses ARE FATAL AND TRANSMISSIBLE TO AND FROM OTHER CATS.

ALL SURGERIES MUST BE SCHEDULED BY APPOINTMENT. ALL SURGERIES MUST BE PRE-PAID. PAYMENT IS ACCEPTED BY MAIL OR IN PERSON WITH CASH, CHECK, OR MONEY ORDER. THERE WILL BE A \$25 CHARGE ON ANY RETURNED CHECK. A CURRENT PHOTO ID MUST BE PRESENTED. NO SURGERY WILL BE PERFORMED OR VACCINATIONS or TESTS ADMINISTERED UNLESS PAID IN FULL BEFORE PERFORMED. WE ACCEPT CASH, MONEY ORDER OR CHECK (with photo ID) FOR ANY PRODUCT OR SERVICE. ABSOLUTELY NO REFUNDS.

The low cost feral/stray clinic will be limited to outdoor only cats that are feral (wild) or strays. *There are no financial restrictions for colony caregivers to be eligible for the low cost feral and stray cat spay/neuter program.*

All CATS MUST weigh a minimum of 2 ½ pounds. Feral or stray cats must be dropped off at the clinic in a humane trap, like Haveahart, Tomahawk or Safeguard, with your name, address, contact information (including phone number) attached to the trap. Traps should be covered with a large towel or part of a bed sheet to keep the cats calm. We reserve the right to refuse service if animal is contained in an inappropriate container.

**Remember: Only one cat per trap.**

APPOINTMENTS: When we receive your application with payment, we will call you to assign an appointment slot and drop-off time. FAILURE TO SHOW UP FOR YOUR APPOINTMENT WILL RESULT IN THE LOSS OF ALL SURGICAL FEES PAID. **Please be available between 3:00 pm and 6:00 pm to pick up your cat the same day as surgery.** Times may vary based on your cat's recovery; you will receive a phone call when your cat is ready to go home.

Any cat not claimed at the end of the day will be considered abandoned and appropriate action will be taken. It is the owner's/colony caregiver's responsibility to be sure that any animal presented for surgery is clean and in good health. We strongly urge that you provide basic veterinarian care and shelter from inclement weather for the outdoor cats. The staff reserves the right to refuse to perform surgery on any animal they deem as a poor surgical risk, or for any other reason. Clarion PAWS and agent veterinarians are unable to provide ANY post surgical care. You will be responsible for any postoperative care at your expense. All surgeries are performed by a licensed, accredited veterinarian. Thank you for helping fix the pet overpopulation problem by fixing your outdoor cats!

For Appointments and questions email [spayneuterclinic@clarionpaws.org](mailto:spayneuterclinic@clarionpaws.org) or call 814- 791-9010.

**Mailed applications must be received at least 3 days prior to the clinic date. If there is not time to return your application by mail, please bring with you the morning of the clinic.**

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**FERAL COLONY CAREGIVER  
SURGICAL RELEASE FORM**

**Pet Adoption & Welfare Society (Clarion PAWS)  
22592 Rt. 68, Clarion, PA 16214**

**RETURN THIS PAGE TO CLARION PAWS.**

Number of cats living outdoors in the colony:  
\_\_\_\_\_

**I, the undersigned, hereby request surgical spay/neuter assistance through Clarion P.A.W.S. and declare under penalty of perjury that I care for the cat(s) listed above, and/or that I am properly authorized to present the cat(s) for the indicated surgery.**

I certify that, to the best of my knowledge, any cat(s) I present to the Clarion P.A.W.S., now or in the future, have not bitten anyone in the preceding 10 days.

I declare that I have been feeding these cat(s), or have direct knowledge that these cat(s) are being fed regularly. I have no reason to believe that they are living an inhumane lifestyle.

I agree that each cat and kitten spayed/neutered, or deemed previously spayed/neutered, will have one ear tipped or may be tattooed on the abdomen to allow ease of recognition upon re-release.

I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) that are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the cat(s) do not undergo a pre-anesthetic evaluation by a veterinarian. By presenting these cat(s) for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery.

I agree to hold the Clarion P.A.W.S. harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death. I understand that any cat(s) presented for free or low-cost surgery to be re-released to a free roaming lifestyle that experiences a serious adverse reaction to anesthesia, and/or surgery, or deemed by our veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free roaming lifestyle, may be humanely euthanized without further consent by me.

I understand that FeLV testing requires an additional fee and is **NOT** required to participate in the spay/neuter project. I further understand that, should I choose to have FeLV testing, all cat(s) testing positive for FeLV will be humanely euthanized. By signing this Surgical Release Form I give my authorization for euthanasia in this circumstance, so that I need not be contacted if any cat(s) test positive for FeLV.

I understand that I have the option to make a donation for optional FVRCP vaccines, flea control and/or FeLV tests.

I promise to see that all cats receive food, water and necessary care on a regular basis when returned after surgery to the location from which they were collected or to an alternate location if prohibited from returning to their original location.

I agree to hold harmless and indemnify the Clarion P.A.W.S., its' agents, officers, employees and/or volunteers from any losses, injuries and damages to myself and/or to the cat(s) arising out of, or in any way connected to, the services requested herein. This includes, but is not limited to, trapping, transport, treatment, sedation, viral testing, vaccinations, surgery, recovery and release of the cat(s).

I certify that I am fully informed of the contents of this Surgical Release Form through reading it and by asking questions to clarify the information. I completely understand and agree with its' contents before signing it.

I hereby release Pet Adoption and Welfare Society, Clarion PAWS, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold Pet Adoption and Welfare Society, Clarion PAWS, for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address (please print clearly) \_\_\_\_\_

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## Surgical Authorization and Consent Form Feral Cats

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Animal Friends' Low-Cost Spay/Neuter Program uses only qualified staffing and approved materials for all of our procedures. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as colony manager or agent of the feral cat named on corresponding contract, hereby request and authorize Animal Friends' Low-Cost Spay/Neuter Program, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of this animal.

\_\_\_\_\_ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

\_\_\_\_\_ I understand that there is no physical exam or laboratory blood work checked or performed by the veterinary team prior to surgery.

\_\_\_\_\_ I understand the feral cat will be vaccinated against rabies and eartipped while under anesthesia for identification purposes.

\_\_\_\_\_ I understand there are inherent risks to a cat with no vaccine history and waive all claims arising out of or connected with the performance of this operation due to lack of prior vaccination. I understand that it takes up to two weeks for vaccinations to protect the animal.

\_\_\_\_\_ I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, in heat, and diseases such as FIV, Feline Leukemia, and heartworms.

\_\_\_\_\_ I understand that Animal Friends' LCSN staff has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_\_ I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery at an additional charge of \$20.

\_\_\_\_\_ I understand that the purpose of this low-cost clinic is solely to perform affordable spay or neuter and that no other services will be performed unless noted otherwise.

\_\_\_\_\_ I understand that if the cat tests positive for FeLV whether a test is performed at request of the colony manager or at the veterinarian's discretion, the cat will be humanely euthanized while under anesthesia.

\_\_\_\_\_ I understand that if the cat tests positive for FIV whether a test is performed at request of the colony manager or at the veterinarian's discretion and is presenting with signs of infection or illness, it will be humanely euthanized while under anesthesia.

\_\_\_\_\_ I understand that if a cat tests positive for FIV whether a test is performed at request of the colony manager or at the veterinarian's discretion and the cat is not showing signs of illness, I may choose to return the cat to a well managed colony and am responsible for seeking humane euthanasia when and if the cat's health declines.

\_\_\_\_\_ I understand that patients must be discharged from the clinic when advised. If I fail to remove said animal by that time, I will be responsible for additional charges.

\_\_\_\_\_ I understand that the feral(s) will receive abdominal tattoo(s) identifying the animal(s) as having been spayed/neutered.

\_\_\_\_\_ I certify that I have chosen to participate in Animal Friends' Low-Cost Spay Neuter program and understand that I am receiving a reduced-cost surgery based on my eligibility for the program. I will satisfy payment to Animal Friends, Inc for my portion of the payment.

I hereby release Animal Friends, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

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Owner Signature

Date

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Contract Number

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## Clarion PAWS

### Spay/Neuter Clinic

General Information Sheet – **Keep this page. It has important information!**

**Drop off time:** Drop cat(s) off between 8 am - 9 am the morning of surgery. Please allow 30 minutes for check-in.

**Pick Up:** Please make arrangements to pick up cat(s) between 3-6 PM the same day of surgery (you will receive a phone call late afternoon on the day of surgery with the exact time).

**Cat(s) may have NO FOOD OR WATER after 12 Midnight the night before surgery.**

**Kittens under 4 months of age should eat and drink up til 5:30 am the day of surgery. No food or water after 6 am the day of surgery!**

#### PET CAT

**Carrier:** **One cat per carrier.** Carriers should measure at least **24"L x 16"W x 14"H** this is for your cat's comfort and safety. Carriers that are LARGER are acceptable. Please line your carrier with newspaper or a towel/material that you won't mind if we have to throw it away. **Do not** put in anything else like a litterbox, toys, or bowls etc.

Please label your carrier with your name and phone number. You may tape a piece of paper to the carrier or write directly on the carrier with permanent marker.

#### FERAL OR STRAY CAT

**Trap:** Feral or stray cats must be dropped off in a humane trap, like Haveahart, Tomahawk or Safeguard, with your name, address, contact information (including phone number) attached to the trap. Traps should be covered with a large towel or part of a bed sheet to keep the cats calm. **One cat per trap please.** Traps may be borrowed from Clarion PAWS. There may be a deposit. If you need to borrow a trap, please call 814- 791-9010 to make arrangements.

**Clinic paperwork** (application, surgical release form and for feral/stray cats, the colony caregiver form) must be turned in and paid in full on or before clinic date. There will be no refunds if you cancel or do not show up for the clinic. If you are paying by check, please bring your photo ID. We accept cash, checks or money orders. No credit cards accepted.

If you have any questions please call 814- 791-9010

**Clarion PAWS**

**22592 Rt. 68**

**Clarion, PA 16214**

[www.clarionpaws.org](http://www.clarionpaws.org)

Clarion PAWS is a no kill, non profit 501(c)3 charity based in Clarion, Pennsylvania. We receive no government funding. We rely on donations to provide spay/neuter to feral/stray cats and to offer programs like this low cost clinic to our area. Please consider making a donation by mailing one to the address above or online through PayPal from our website. [www.clarionpaws.org](http://www.clarionpaws.org)

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### **Additional Feral Cats**

**Cats Age** (if known) \_\_\_\_\_ **Name** \_\_\_\_\_

**Breed:** Purebreed \_\_\_\_\_ or  Domestic Short Hair  Domestic Medium Hair  Domestic Long Hair

**Color(s)**  *Calico* (Brown,Black & White)  *Tortie* (Black & Tan)  *Tabby* (Stripes pattern-circle cat coat color: Grey Orange Brown )  *Solid* (Circle coat color: Black White)  *Bi-color* (White with circle color: Grey Yellow Orange Black )  *Tuxedo* (Black usually with white on chest and/or paws)

**Cat lives:**  in barn or other outbuilding  outside under house/building, in woods, around junk piles, dumpsters, public parks, mobile home park.

**Is this cat:**  Somewhat socialized  Unable to be touched or handled

**Is feral/stray cat Pregnant?**  Yes  No  Unsure (we do spay pregnant animals)

**Has this feral/stray cat recently had a litter?**  No  Yes-Date litter born \_\_\_\_\_  Unknown

**Please list any know injuries or health problems and medications:**

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**Cats Age** (if known) \_\_\_\_\_ **Name** \_\_\_\_\_

**Breed:** Purebreed \_\_\_\_\_ or  Domestic Short Hair  Domestic Medium Hair  Domestic Long Hair

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**Has this feral/stray cat recently had a litter?**  No  Yes-Date litter born \_\_\_\_\_  Unknown

**Please list any know injuries or health problems and medications:**

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**Please list any know injuries or health problems and medications:**

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**RETURN THIS PAGE TO CLARION PAWS IF YOU HAVE MULTIPLE CATS.**