

Date _____

Frankie's Friends Feline Surgical Intake Form



Owner/Caregiver Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Cat's Name _____ Breed _____ Approx. Age _____

Gender _____ Color/Markings _____

Please select from the following: Spay/Neuter Other _____

Ear Tip (for feral/stray cats to be released back into colonies) No Ear Tip

All cats get an injection for pain, an antibiotic injection, flea treatment, and ear mite treatment (if needed) at no additional cost with spay/neuter surgery. Rabies vaccination is mandatory, in the state of Pennsylvania, for cats over 3 months of age. **We will administer a Rabies vaccine, free of charge, to all eligible cats (including underage community cats) unless a certificate is shown on check in.** Rabies certificates will be issued if cats are verified to be 12 weeks of age or older.

Please select any additional services below:

Profender Worm Medication (\$15) Feline Leukemia/Feline Immunodeficiency Virus (FIV) Test (\$25)

Feline Leukemia Vaccination (\$12) Feline Distemper Vaccination (FVRCP) (\$10)

Other _____

Medical History

Total Due _____

Has your pet been in good health the past two weeks? _____

Is your pet on any medications? _____ What Medications? _____

Additional Concerns/Medical History _____

I, being responsible for the animal described above, have the authority to grant the veterinarian my consent to receive, treat, anesthetize, and/or perform surgery upon the animal named above.

I understand there are risks inherent to anesthesia and surgery. I understand that the patients do not undergo a pre-anesthetic evaluation and I accept the risks of any underlying health problem that would complicate survival/recovery from anesthesia and surgery.

I agree to hold harmless and indemnify Frankie's Friends, their officers, their volunteers and their employees from any loss, injury or damages arising out of or in any way connected to the services requested herein.

My signature acknowledges that I have read and fully understand the terms of this agreement.

Caretaker/Agent Signature _____