



Feral/Stray Cat Intake Form



Owner/Trapper Name:		Phone #:	Email :
Owner Address:		City, State, Zip	
Cat's Name:		Feral Cats under the SAFCC will receive an ear notch	
Approx Age:	Yrs.	Mos.	Feral Cats must be in an approved feral cat trap. Only one cat per trap. Cats will be accepted at staff discretion.
Birth Date: (If Known)	Color: Color Pattern: (Calico, Tortoise-shell)		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> UNK
			City, County, Zip Where Trapped:

Feral Cat Package

Each Feral/Stray Cat Receives: Sterilization, Penicillin, Metacam, Ivermectin, Rabies Vaccine, Feline Distemper Vaccine, Ear Notch- **\$20**

<input type="checkbox"/> Feline Leukemia Vaccine	\$12	<input type="checkbox"/> Microchip	\$15
<input type="checkbox"/> FIV/FeLk Test	\$15	<input type="checkbox"/> Cardboard Carrier	\$5
<input type="checkbox"/> If Positive- Euthanize _____ Initial		<input type="checkbox"/> Donation \$_____	
<input type="checkbox"/> If Positive- DO NOT Euthanize			
TOTAL AMOUNT DUE: _____ DISC MC VISA CASH			

Surgical Waiver

PLEASE READ AND INITIAL EACH ITEM BELOW

I, the undersigned, hereby request surgical spay/neuter services at Animal Resource Center dba SpaySA
 ___ I understand the risks inherent to anesthesia and surgery. I understand that the cats 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 understand that all cats presented under the Stray/Feral Cat Program will have their left ear notched.

___ I agree to hold harmless and indemnify the Animal Resource Center dba SpaySA, their officers, their volunteers, and their employees from any loss, injury or damages arising out of or in any way connected to services requested herein.

___ I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed I will be subject to a late fee.

___ I certify to the best of my knowledge that this cat has not bitten anyone in the preceding 10 days. I understand if any cat I present bites anyone while in the care of Animal Resource Center dba SpaySA, we are required to report the bite to Animal Care Services (ACS) and the cat will be transferred to quarantine.

___ I understand that if any cat I present damages or removes the surgical sutures, there will be a \$25.00 resuturing fee.

___ I agree on behalf of myself, my heirs, personal representatives, and executors to allow SpaySA to use any photograph of me or my pet in their public relation efforts.

I, the undersigned completely understand and agree with the above:

Sign: _____

Date _____

Cryptorchidism is the failure of one or both testes to descend from the abdomen to the scrotum during fetal development. If your pet is cryptorchid, this will result in an additional charge of \$25. Also, if your pet is found to have an umbilical **hernia** or is pregnant **over 45 days** there will be an additional charge of \$25.

I agree to the additional charge of \$25.00 if my animal is found to be cryptorchid, has a hernia, or is over 45 days pregnant.

Signature _____ Date _____

We will **NOT** perform surgery if this form is not signed and your pet has any of the above stated issues.

Staff Only- Do Not Fill Out

Animal Name: _____ Age: _____ Gender: _____

Surgeon: Littleton Rogers Campbell Other: _____

Vet Tech: _____

Physical Exam

Weight: _____ Under 3 months or over 6 years : Y / N Yes: DVM Initial _____

Physical Appearance (eyes, nose, hydration, condition, cryptorchid, pregnant, hernia): _____

Temp: _____ DVM Initial: _____

Pregnant: Y / N Over 45 days: Y / N

DVM Notes: _____

Vet Tech Notes: _____

Fluids: IV / SQ _____

Surgical Notes

Ovariohysterectomy: Routine procedure with both ovaries and uterine body removed via ventral midline incision. Linea is closed with simple interrupted or cruciate pattern using monofilament absorbable sutures (Monomend MT). A three layer closure with subcutaneous and subcuticular sutures is performed using monofilament absorbable suture. The closed incision then has glue applied to the skin surface. Tattoo along the incision.

Orchiectomy: Routine procedure with both testicles removed via prescrotal or scrotal incision. Monofilament absorbable suture used to ligate large canine neuters and pedicle tie used for small canine, pediatrics, and feline neuters. Incision closed with simple interrupted or cruciate pattern. Tattoo on skin near testicles .

Notes for Alternate procedure/complications: _____

Intubated: Y / N Masked: Y / N Isoflurane: Y / N

Prescribed Meds: _____

Rabies: Other: Microchip: