

FELINE Anesthesia & Surgery Authorization

Your Name: _____ Address: _____
 Cat's Name: _____ City / Zip Code: _____
 Male Female Color: _____ Home Phone: _____
 Type / Breed: _____ Cell Phone: _____
 Cat's Birthdate or Age: _____ Email: _____

Has your cat eaten this morning? No Yes Has your cat ever seen a Veterinarian? No Yes

Any signs of illness recently? No Yes Eating and drinking normally? No Yes

Any past or present medical problems? No Yes – explain _____

Is your cat up to date on vaccinations? No Yes **If no**, you are responsible for any contagious illness which may occur during your pet's stay here. Vaccinations can be given today if necessary.

How did you hear about us? _____

Check here to add today:

<input type="checkbox"/> Nail Trim \$7	<input type="checkbox"/> Vaccinations: <input type="checkbox"/> FVRCP _____ <input type="checkbox"/> Rabies _____
<input type="checkbox"/> Microchip \$40	<input type="checkbox"/> Feline Leukemia _____
<input type="checkbox"/> FeLV/FIV Combo Test \$32	<input type="checkbox"/> Flea Control _____
<input type="checkbox"/> Take-home pain medication \$12	<input type="checkbox"/> Deworming _____

Carefully read and understand the following before signing your name.

I, acting as owner or agent of pet named above, authorize Pro Pet Fix to perform an operation for surgical sterilization of the pet named above. Although every effort is made to make this procedure as safe as possible, there are inherent risks with anesthesia and surgery that may include the possibility of death.

Please follow up with us for any post-operative concerns. Services provided by other veterinarians will not be reimbursed under any circumstances.

I understand that additional charges apply:

_____ **Pets not picked up by closing: \$20 late fee**

_____ **Pets left overnight: \$40 fee per pet**

There is no staff on the premises overnight. **Payment must be made before your pet can be released.**

Animals left more than 3 days will be surrendered to animal control.

I hereby release Pro Pet Fix, all veterinarians, assistants, volunteers, and employees from any and all claims arising out of or connected with this procedure or any adverse reactions from vaccinations or medications. I agree to indemnify and hold

Pro Pet Fix harmless for any damages caused during the care/transport of the animal, or for any damages caused by unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

Signature _____ Date _____

Print Name _____

FOR CLINIC USE	WEIGHED BY		Weight:	CHECKED IN BY	
----------------	------------	--	---------	---------------	--