Haven Humane Spay and Neuter Clinic
Feral Cat Anesthetic Consent

7449-A Eastside Road • Anderson, CA 96007 • (530) 241-1658

Owner Info:		**Patient Info:**
Last Name:	First Name:	Admission Date:
Phone (H):	(W)	Patient:

Authorization for Anesthesia

*The undersigned legal owner of the admitted pet voluntarily places it under the care of Haven Humane Spay and Neuter Clinic for Medical evaluation and consents to the above therapeutic, diagnostic and surgical procedures by a licensed veterinarian.

*It is our policy that if a female is scheduled for a spay, the surgery will be performed whether or not she is pregnant.

*It is my understanding that this is a feral, unowned cat and will therefore have it's right ear tipped so that it is not re-caught for altering after this procedure.

*The undersigned understands that my animal will be picked up between 2:00 and 4:30 the day of surgery, and that a board and care fee ($25.00 per day) will be charged if my animal is not picked up. If after 15 days the animal is not claimed, then it is considered abandoned, giving the society the right to dispose of the animal at their discretion.

****I am aware that my pet is at a risk of contracting an upper respiratory infection during his stay and I recognize that I am responsible for any treatment needed***

***I understand that my cat may be tested for Feline Leukemia, Feline Immunodeficiency Virus and Heartworms at the doctors descretion and will be given a rabies vaccine. I agree to euthanasia if my cat tests positive for any of the above.**

*The undersigned has read the the terms of this agreement and understands that he/she is signing a release to any claim resulting from surgery, or aftercare of the animal.

*I understand that this program is for FERAL CATS ONLY, and therefore if this cat can be removed from the trap without sedation it can not be included in feral cat pricing. If this cat is deemed not feral, **I will be charged regular pricing, which is $117 for females and $97 for males.**

*I acknowledge that feral cats surgeries are completed after all scheduled surgeries and therefore there is no gaurantee they will be completed the same day.

Name:_____ Date:_____

Feral Cat--> Unable to examine	Wt:
Anesth: Telazol 100 mg/ml	
FELV/FIV/HW Test	
Rabies Vax 1 yr	
Buprinex inj	
Ear Tip	