



Feral Cat Program: Surgical Consent Form

Please complete one form for each cat and present at the time of admission for surgery.
Feral cat surgeries are done by appointment ONLY. To schedule an appointment, call (585) 223-1330 x173.

Date: _____ Your Name: _____

Your Address: _____ City: _____ State: **NY** Zip: _____

Phone number: _____ Email Address: _____

Town or Location Where Cat Was Trapped: _____

Will the cat be returned to this location? Yes No Will you be the caretaker for this cat? Yes No

INFORMATION ABOUT CAT

Hair: (circle) Short Medium Long **Approximate Age** (if known): _____ Months **OR** Years

Color: (List main color, then 2nd most, and remaining) _____

Markings: (circle) Calico Tortie Tiger Torbie Tabby Tux Point Spotted
Description of each- (3 distinct colors) (2 mixed colors) (Striped) (Mix of Calico, Tortie, and Tiger) (Swirl) (White Chest) (Ears other color than body)

SERVICES TO BE PROVIDED

Spay/Neuter Service:

FEE: \$55

The above described cat will undergo a spay/neuter operation which requires the use of anesthesia. The following are included in this service: Pain management medication, Rabies vaccination, Distemper vaccination (first of 3 shot series, last 2 to be given by personal vet), and Ear-tipping (amputating tip of left ear to indicate that cat has been spayed or neutered; this is required).

Additional Services: (optional, please check all that apply)

Droncit (worming) / Revolution (flea control)

FEE: \$20

Feline Leukemia Testing

FEE: \$15

Regarding the outcome of the Feline Leukemia test, if the test is positive: (please check one option)

I prefer that cat be euthanized.

I prefer that the cat be spayed/neutered and returned to me.

Package: \$30

Total Due: \$_____

Payment is required at the time of admission.

Representative's Consent:

I understand that precautions will be taken to prevent complications, acknowledge and accept the risks involved, and will assume financial responsibility for the services rendered. I authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand the risks involved in this procedure and realize that results cannot be guaranteed for this cat. **To the best of my knowledge, this cat does not have an owner.**

If this cat is ill and the veterinarian feels that it is inhumane to release the cat back in to the feral lifestyle, I understand that the cat will be euthanized without contacting me first. I also understand that occasionally it is discovered that a cat is already spayed or neutered when already under anesthesia. In these cases, vaccinations are still administered, the ear is tipped and the fee still applies.

Complications that may arise from the sterilization procedure should be brought to the attention of the Feral Cat Program at Lollypop Farm by calling (585) 223-1330 x173. All future medical issues should be addressed by your personal veterinarian.

Signature: _____ Date: _____