

Surgery Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Knox County Humane Society: Spay and Neuter Clinic Sign-Up Form (Knox County CATS ONLY)**

**(NOTE: Surgery will not be scheduled until payment is received. Thank you for understanding.)**

**Client Information: Please Print Clearly**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Please list the number you want us to call when the animal is ready to be picked up on the day of surgery, or in case of emergency. Phone 1. \_\_\_\_\_ Phone 2. \_\_\_\_\_)

Do you or the cats reside in Knox County?      Yes    No

Do you have proof of unexpired Rabies and FVRCP vaccines for your cat?      Yes    No

If No, your cat will receive a Rabies and FVRCP Booster vaccine at surgery at no additional charge.

Would you like additional vaccinations or tests for your cat (FIV/FELV test \$25, FELV vaccine \$20)? Yes No Price \_\_\_\_\_  
(Our vet's recommendations: Owned cats – FIV/FELV test, flea prevention + All kittens & Outside cats – FELV vaccine)

Would you like additional pain medication (\$3.00) for your cat (Females that have had litters)?      Yes    No      Price \_\_\_\_\_

Do you need an e-collar (\$5.00) for your cat to prevent licking?      Yes    No      Price \_\_\_\_\_

Would you like your cat microchipped as a reliable form of permanent ID (\$25)?      Yes    No      Price \_\_\_\_\_

Would you like your cat's ear tipped (recommended for all outside cats; required for feral/live trap cats)?      Yes    No

Would you like a long lasting , topical flea/tick medicine applied at surgery? (\$10 per cat)      Yes    No

**Strongly recommended:** All recommended preventative veterinary care prior to surgery including all appropriate vaccinations, current flea preventative, current Feline Leukemia (FELV/FIV) test. Unvaccinated animals, animals with parasites and FELV/FIV positive cats have a higher anesthetic and surgical risk. In addition, unvaccinated animals can come in contact with disease-causing pathogens in common areas (lobby) and may get sick.

**Consent to perform Vaccinations/Microchipping/Anesthesia/Surgery**

Any procedure performed under anesthesia carries risks. I understand that my pet will be undergoing anesthesia and a surgical procedure and vaccines which carries risk and personally accept both legal and financial responsibility for all charges incurred as a result of such risks. I accept that it is my responsibility to seek emergency care as needed or directed. I agree to indemnify and hold harmless the Knox County Humane Society (KCHS), the attending veterinarian, and any of the officers, employees or agents of said corporate entity from any and all liability arising out of the performance of all procedures referred to above. I understand that my animal will be spayed/neutered regardless of its pregnancy status or sex. I hereby consent and authorize this procedure to be performed on my pet at the Knox County Humane Society Spay and Neuter clinic. **If you do not reschedule within one month you will forfeit your surgery and money.**

**Possible additional charges.** IF YOUR ANIMAL HAS LIVE FLEAS DURING THE HEALTH CHECK IT WILL BE GIVEN A CAPSTAR, A 24-HOUR FLEA MEDICATION. YOU WILL BE CHARGED **\$10.00 PER ANIMAL** FOR THIS PILL. If you think your cat might have fleas, you can buy Catego from us and apply it prior to surgery to kill the fleas. This is \$10/dose and lasts 30 days.

Owners Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Animal Pickup Info:**

Time Called: _____	Went over post op sheet _____ (initials)	Medication _____(initials)
Time Picked up: _____	Who picked animal up: _____	

**Cat Information:** Circle all that apply: Indoor only Indoor/outdoor Outside only Feral Stray

Name: \_\_\_\_\_ Temperament: Friendly Shy Caution Feral

Circle one: Male Female Age \_\_\_\_\_ Years / Months

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ **Ear Tip: Yes Or No**

Staff use only: Fleas, Ear mites, Tapeworms Weight# \_\_\_\_\_

**Cat Information:** Circle all that apply: Indoor only Indoor/outdoor Outside only Feral Stray

Name: \_\_\_\_\_ Temperament: Friendly Shy Caution Feral

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Breed: \_\_\_\_\_ Color: \_\_\_\_\_ **Ear Tip: Yes Or No**

Staff use only: Fleas, Ear mites, Tapeworms Weight# \_\_\_\_\_

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**Staff Use Only**

Sx: \$35

Ear Tip: \_\_\_\_\_

PM: \_\_\_\_\_

Clinic: \_\_\_\_\_

F/F Test: \_\_\_\_\_

Micro: \_\_\_\_\_

Total: \_\_\_\_\_

CAPSTAR \_\_\_\_\_

Sx: \$35

Ear Tip: \_\_\_\_\_

PM: \_\_\_\_\_

Clinic: \_\_\_\_\_

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CAPSTAR \_\_\_\_\_