

Surgery Date: _____

Amount Paid: _____

Knox County Humane Society: Spay and Neuter Clinic Sign-Up Form (OOC Cats)
(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: _____ County _____

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: _____ Phone: _____

Would you like additional pain medication for your cat (Female Cats \$3.00)? Yes No Price _____

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

Would you like your cat microchipped as a reliable form of permanent ID? (\$25) Price _____

Would you like vaccinations/Test for your cat? (ADDITIONAL TO THE SURGERY) Yes No

(Rabies 1 yr \$15; Rabies 3 yr \$20; FVRCP \$15; FELV \$20; FIV/FELV TEST \$25) Price _____

Would you like a long-lasting flea/tick medicine applied at surgery? (\$10) Price _____

Strongly recommended: All recommended preventative veterinary care including all appropriate vaccinations, current flea preventative, current Feline Leukemia (FELV/FIV) test for cats. Unvaccinated FELV/FIV positive cats have a higher anesthetic and surgical risk. In addition, unvaccinated cats 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 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 CAT 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.

Owners Signature: _____

Date _____

Animal Pickup Info:

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

Pet Information: Circle one: Indoor only Indoor/outdoor Outside only
Name: _____ Temperament: Friendly Shy Caution Feral
Circle one: Male Female Age _____ Years/Months
Breed: _____ Color: _____ Cat Ear tip: Yes or No
Staff use only: Fleas, Ear mites, Tapeworms Weight# _____

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Staff Use Only
Sx: _____
PM: _____
Cone: _____
Clinic: _____
Micro: _____
Total: _____
CAPSTAR _____
Trap__ Carrier__

Sx: _____
PM: _____
Cone: _____
Clinic: _____
Micro: _____
Total: _____
CAPSTAR _____
Trap__ Carrier__

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