



For Staff Use Only
Weight: _____
Cage #: _____
Male / Female

FELINE ADMISSION FORM

Date: _____

Your Last Name: _____ Your First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Telephone number where you can be reached today in case of emergency: (____) _____

Your Pet's Name: _____ Approximate Age or Date of Birth: _____

Your Pet's Sex: Male Female Breed: _____ Color _____

Do you have a regular veterinarian? YES NO If yes, name _____

Is your pet microchipped? YES NO I DON'T KNOW

STERILIZATION AND VACCINATION REQUEST AND RELEASE

I, acting as owner or agent of the pet named above, hereby request and authorize Cape Fear Spay/Neuter Clinic, through whomever veterinarians they may designate to perform an operation for sexual sterilization of the animal named on the above portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to failure. I understand that it takes up to two weeks for vaccinations to protect my animal.

I certify that my animal is in good health and has had no food since 12:00 AM the evening prior to surgery.

I understand that Cape Fear Spay/Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that Cape Fear Spay/Neuter Clinic may not perform a complete physical examination before surgery is performed.

I understand that Cape Fear Spay/Neuter Clinic does not do pre-operative bloodwork or give fluids at the time of surgery.

I understand that if I don't retrieve my pet at the agreed upon time that Cape Fear Spay/Neuter Clinic will charge a boarding fee of no less than \$35.00 per night.

I hereby release Cape Fear Spay/Neuter Clinic, the veterinarians and assistants from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from any vaccination.

Date: _____

Signature: _____

Have you been here before? YES NO

How did you hear about us? PawPrints Internet Referral: _____

