



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.
- I understand that my pet will be tattooed after surgery to indicate that they have been spayed or neutered.
- I understand that if my pet is found to be pregnant at the time of surgery, the pregnancy will be terminated.
- I understand that my pet will be scanned for a microchip. If one is found and an owner is located, I agree to relinquish that pet to the owner.

Date: _____

Signature: _____

Have you been here before? YES NO

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

******PLEASE TURN PAGE OVER AND COMPLETE OTHER SIDE******

ADDITIONAL REQUESTED SERVICES

Spay/ Neuter

Please initial beside each service you would like done for your pet today, sign and date at the bottom

_____ Rabies Vaccine - \$12.00 **This vaccine is required by law**

_____ FVRCP (Feline distemper/upper respiratory) Vaccine - \$17.00

_____ FeLV/FIV Test - \$37.00

_____ Additional Pain Medication x 4 days (>4mos/>2.6#) - \$15-20

_____ Microchip Insertion - \$25.00 (includes lifetime registration)

_____ Cryptorchid (one testicle retained) - \$40.00 - \$60.00

_____ Ear Tip - N/C (Removal of 1/4 inch off the tip of the ear for identification purposes in a feral colony)

_____ Fecal Exam - \$12.00 There will be an additional charge for dewormer if positive.

_____ Flea treatment (lasts 24 hours) - Capstar tablet given - \$5.00

_____ Umbilical Hernia Repair - \$20.00 - \$40.00

_____ Selarid - **generic Revolution** (Monthly topical: Controls fleas, earmites, intestinal parasites and prevents heartworm disease) x _____ doses — \$14.60

_____ Revolution **PLUS** (Monthly topical: Controls fleas, **ticks**, earmites, intestinal parasites and prevents heartworm disease) x _____ doses — \$22.57-\$22.87

_____ Activyl (Monthly topical flea control) x _____ doses — \$11.50

_____ Bravecto (topical flea, tick and earmite control) - lasts **THREE** months x _____ doses - \$54.25

_____ Bravecto **PLUS** (topical fleas, ticks, earmites, intestinal parasites and heartworms) — **lasts TWO months**
x _____ doses - \$46.99

****New Hanover County residents are required to pay \$10 county fee when a rabies vaccine is given or you will receive a \$100 citation from the county. Would you like to pay the fee today? ****

YES NO

It is strongly recommended that all kittens receive an FVRCP vaccine, be tested for intestinal parasites and be given a dewormer.

If your pet has fleas and/or ear mites may we treat for them? \$11.50- \$22.87

YES NO

Have you applied any flea preventive recently?

YES NO

If yes, name /date _____

Your method of payment today: Cash M/C, Visa, Discover, Debit (**3% SERVICE FEE**) **NO CHECKS ACCEPTED**

Signature: _____

Date: _____

***** IMPORTANT ***Is your pet currently on any medications or has he/she been ill within the past few weeks? Has your pet had previous surgeries? If yes, please describe, also please WRITE DOWN any important medical history.**

****** Did you adopt your pet from a shelter? YES NO**
If yes, date of adoption: _____

Name of Shelter: _____

*****All pets will be fed after surgery. Please let us know if your pet has a food allergy or eats a special diet. If you would like your pet to be fed, please bring that diet with you*****

If your cat has never been vaccinated, Distemper-Upper Respiratory and Rabies vaccines are recommended. Cats under the age of 4 months should be boosted in 3 weeks with another Distemper-Upper Respiratory vaccine