



COMMUNITY CAT/ FERAL CAT Surgical Admission Form

Pick Up Times:
4- 4:30pm
\$20 late fee after 5:00

Complete a separate form for EACH cat.

Use this form for COMMUNITY CATS/FERAL CATS only. Feral cats are unowned. If this cat belongs to you or you are finding him/her a home, please use the Pet Admission Form.

Surgery Date: _____

Your Name:		Phone 1:
Street Address:		County: (e.g. Gwinnett) Phone 2:
City & State:	Zip:	Email:
Cat's Name:	Cat's Age or DOB: (if known)	Hair Length / Description:
Gender: (if known) <input type="radio"/> Male <input type="radio"/> Female	Cat's Color(s)	

Would you like to donate to SPAY IT FORWARD to help other pets in need? \$5 \$10 \$20 _____ Other Amount

VACCINES AND SERVICES REQUESTED TODAY

SELECT ONE:	OTHER SERVICES:
<input type="radio"/> Standard Feral Package \$35 Spay/Neuter Rabies (1 year) Ear tip <input type="radio"/> Deluxe Feral Package \$50 Spay/Neuter Rabies (1 year) FVRCP vaccine Flea treatment Ear tip	<input type="radio"/> Feline Distemper Vaccine \$10 <input type="radio"/> Feline Leukemia Vaccine \$20 <input type="radio"/> FeLV/FIV test \$25 <input type="radio"/> Microchip \$20 <input type="radio"/> ParaDefense \$8 (fleas only) <input type="radio"/> Revolution \$12+ (fleas, flea larvae, roundworms, hookworms, ear/skin mites, heartworms) <input type="radio"/> Pain injection \$15 (REQUIRED IF PREGNANT OR LACTATING) _____ IF FEMALE (initial)
	<input type="radio"/> Strongid Dewormer* \$5 (round & hookworms) <input type="radio"/> PP Dewormer \$10 (rounds, hooks, tapeworms) <input type="radio"/> Pine litter \$3

PREAUTHORIZE TREATMENT OF MINOR ISSUES

<input type="radio"/> Yes I authorize and will pay for treatment of minor issues (e.g., fleas, intestinal worms, ear mites, etc.).	Max amount: \$ _____
<input type="radio"/> No Do not provide treatment for minor issues.	

Is this cat currently taking any medication? If so, please list med and reason: _____

NOTE: YOUR CAT WILL RECEIVE AN EARTIP AND A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED. Planned PETHood of Georgia, Inc. uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.

Carefully read and understand the following before signing your name.

- I, acting as owner or agent of the pet named above, hereby request and authorize Planned PETHood of Georgia, Inc., 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 understand that it takes up to two weeks for vaccinations to protect my animal, and EITHER certify that my animal has been vaccinated more than two weeks and less than one year prior to this date OR waive my right to protect my pet by having it vaccinated 2 weeks prior to surgery.
- I understand the inherent risks of failing to maintain current vaccinations and heartworm preventative and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I certify that my pet is in good health except as noted: _____
- I understand that Planned PETHood of Georgia, Inc. has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that Planned PETHood of Georgia, Inc. will not perform a complete physical examination before surgery is performed.
- I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworm disease.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.**
- I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery.**
- I understand that it is unlawful to abandon an animal under Code Section 4-11-15.1 of the Georgia Animal Protection Act. Owners of pets left after the agreed date and time shall be charged a boarding fee of no less than \$35 per night.
- I hereby authorize Planned PETHood of Georgia, Inc. to add my name and contact information to its mailing list. I may opt-out at any time by following the opt-out instructions contained within the email newsletter.
- I understand that if my pet is not in the proper trap or hard sided carrier, there is a transfer fee of \$10.
- I understand if I do not provide a proper carrier or trap by discharge there is a \$20 fee to borrow a carrier, which is refundable when the carrier is returned.

I hereby release Planned PETHood of Georgia, Inc., all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Planned PETHood of Georgia, Inc. harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I have read and understand the above statements. I agree to the vaccines and services checked in the boxes above.

SIGNATURE _____

DATE _____