** Pet Number\_\_\_\_\_\_\_\_\_** **PAID \_\_\_\_\_\_\_\_\_**

 **WEIGHT\_\_\_\_\_\_** **RABIES VACCINE\_\_\_\_\_\_\_\_\_\_**

 Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **TO BE FILLED OUT BY SURGERY STAFF:** |
|  Check-In Time: TELAZOL Time Given |
|  DBK Time Given |
|  ANTISEDEN Time Given  |
|   |

 I have been advised as to the nature of the procedures to be performed and I understand that if anesthesia is to be used that **there are always risks involved**. I realize that no guarantee can ethically or professionally be made regarding the outcome. Remember you are bringing your cat to a shelter environment which has inherent risks of disease exposure and we are not responsible for any post surgical illnesses even though we do everything possible to prevent any disease exposure. I understand that I assume financial responsibility for **ALL** **SERVICES RENDERED**. **Procedure: FELINE CASTRATION**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------

Owners Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick Up Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pet Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***Please be aware that all pets must be picked up the same day***
* ***ANY PETS LEFT OVERNIGHT WILL BE SUBJECT TO A BOARDING CHARGE OF $15 PER NIGHT***