

Midwest Pets For Life

ID #

Intake Form & Medical Record For CATS

Weight

Please Fill Out One Form Per Cat

Name, phone# and address are required or services will be declined

PLEASE PRINT LEGIBLY

If we are unable to confirm this appointment with the phone number provided, the appointment will be cancelled.

Confirmation Call made on: _____ LMOM _____ CLIENT CONFIRMED _____ UNABLE TO LM _____

Name of Owner (responsible party):	Phone:	Clinic date:

Address of owner: _____ (Please include City, State, & Zip Code)

Today's contact (if different):	Phone:	# of cats you brought to today's clinic

Cats Name:	Age:	Cat is: <input type="checkbox"/> Indoor <input type="checkbox"/> Feral/barn

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Coat length: <input type="checkbox"/> SH <input type="checkbox"/> MH <input type="checkbox"/> LH	Coat Color:

Services requested:

<input type="checkbox"/> Neuter - \$35	<input type="checkbox"/> FVRCP - \$12	<input type="checkbox"/> Dewormer - \$13	<input type="checkbox"/> Microchip - \$15
<input type="checkbox"/> Spay - \$55	<input type="checkbox"/> Rabies 1-yr vaccine - \$15.50	<input type="checkbox"/> Crate Fee - \$10	<input type="checkbox"/> _____

 Rabies 3-yr vaccine - \$15.50 You **MUST** have your pets current rabies certificate available for review, showing the vaccination has not yet expired in order to receive the 3-year vaccination.

I am aware that feral or otherwise unhandleable cats may have existing health conditions that can put them at risk during surgery. I recognize the risk these cats face during handling, anesthesia and surgery and do not hold the veterinarian on call, Midwest Pets For Life, its hosts or volunteers responsible should a cat experience complications, injury, escape or death. If any cat is deemed by the veterinarian to be severely ill or injured, surgery will not be performed and humane euthanasia will be offered as an option to the owner. I am aware that if my cat is found to be pregnant after surgery has begun she will be spayed and the pregnancy aborted.

I, or the owner will provide all cats with food, water and adequate shelter for a minimum of 2 days after the surgery and should surgical complications be noticed, will take the cat(s) to a local veterinarian for care. I understand that the cat(s) I am presenting to this clinic will be spayed or neutered and that all female cats will receive a small tattoo near the abdominal incision.

Signature: _____ **Date:** _____

(required) _____ (required) _____

Clinic use only:

Anesthesia used: _____ml Butorphanol _____ml Medetomidine _____ml Ketamine _____ml Antisedan
 _____mm endotracheal tube Suture used: _____ 2-0 polydox _____ 4-0 poly-sorb
 _____ml Buprenorphine PO

Surgery notations: