



**Catsnip Spay/Neuter Services of GA  
SURGERY INTAKE FORM**

OWNER'S NAME \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emergency Name (in case of complications) \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Contact Email \_\_\_\_\_  
 Cat's Name \_\_\_\_\_ Age \_\_\_\_\_ Mix or Breed \_\_\_\_\_  
 (Circle) **Hair Length** Short Med Long (Circle) **Male Female** Color \_\_\_\_\_  
 Pickup person (if different from owner) \_\_\_\_\_  
 Does your cat have any medical conditions (coughing, sneezing, vomiting, diarrhea, etc.) \_\_\_\_\_  
 If yes, please describe \_\_\_\_\_  
 Is your animal taking any medications such as insulin, thyroid or steroids? \_\_\_\_\_  
 If yes please describe \_\_\_\_\_

- CatSnip Spay/Neuter Services of GA ("CatSnip") uses qualified staff & 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.
- I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Cat"), hereby request and authorize CatSnip, including its affiliates & each of their employees, volunteers, veterinarians &/or other agents (collectively, "CatSnip Parties"), to receive, prescribe for, treat and/or administer vaccinations &/or perform an operation for sexual sterilization of the Cat and any related surgical treatments that CatSnip deems necessary for the health and safety of the Cat.
- I understand that the operation I have chosen presents some hazards & that injury to, post-operative infection in, or death of the Cat may result, for there is some inherent risk in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Cat for surgery. I understand and accept these risks.
- I understand that CatSnip and/or any of the CatSnip Parties has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian. ALL CATS MUST BE IN APPROVED CARRIERS or Cat will be put in a \$7 cardboard carrier.
- I understand that a pre-surgery exam will be performed on the Cat when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Cat has already been sedated or anesthetized. I understand that the Cat will not receive pre-operative bloodwork at CatSnip. If I choose for the Cat to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic before being presented for the operation at CatSnip.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus {"FeLV"}, & heartworms.
- I understand if the Cat is pregnant, the pregnancy will be terminated at surgery.
- I understand that if an open umbilical hernia is found, it will be repaired at the time of surgery at an additional charge of \$50 to \$75.
- I understand -that if fleas are found on the Cat, Capstar/Nitanpyram will be administered to the Cat for the protection of the other cats on the truck at an additional charge of \$15.
- I understand that if the Cat has undescended testicles, pregnancy, hydrometra, or hernia, there will be additional charges.
- If an emergency occurs, I consent that the attending veterinarian may perform such treatment or transport the Cat to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me.

THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

**Spay \$100 Neuter \$80**

REQUESTED VACCINES OR SERVICES		HAVE PROOF OF CURRENT RABIES VACCINATION? YES NO			
<b>VACCINES (rabies is required)</b>		<b>Dewormer</b>	\$12	<b>Cardboard Carrier</b>	\$20
<input type="checkbox"/> Nobivac Rabies (1 yr)	\$30	<b>Pain Meds (mandatory)</b>	\$20		
<input type="checkbox"/> Nobivac Distemper (RCP)	\$30	<input type="checkbox"/> Capstar/Nitenpyram (kills fleas)	\$15	<b>Pregnancy termination is \$30 - \$70 per trimester. Pain medication is required for 2<sup>nd</sup> and 3<sup>rd</sup> trimesters. There is a No Appointment fee (vet's discretion) of \$20.</b>	
<input type="checkbox"/> Feline Leukemia (outdoor cats)	\$40	<input type="checkbox"/> Tapeworms (injection)	\$20	<b>Hydrometra is \$25 - \$45 per grade.</b>	
<b>ADDITIONAL SERVICES</b>		<input type="checkbox"/> Microchip (includes registration)	\$50	<b>Cryptorchid (undescended testicle) is \$50 to \$75 (per testicle). Umbilical hernia repair is \$50 to \$75.</b>	
<input type="checkbox"/> FeLV/FIV Combo Test	\$45	<b>E-Collar (mandatory)</b>	\$20		
<input type="checkbox"/> Earmites (injection)	\$20	<input type="checkbox"/> Vectra (fleas only)	\$15/mo		
		<input type="checkbox"/> Revolution (roundworms, heartworms, Ear mites, fleas)	\$30, \$25 for 3+		

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE