

Date:	Phone #:	Alt Phone #:
Name of Caretaker:	Email:	Name of person providing transport:
Address:	City:	Zip:

**Cat Description:**

<b>TRAP #:</b> _____	Sex: <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Male	Coat Length: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
Color (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/> Grey/Blue <input type="checkbox"/> Cream <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Other: _____		
Pattern: <input type="checkbox"/> Tabby striped <input type="checkbox"/> Calico/Tortoiseshell <input type="checkbox"/> Siamese Pointed <input type="checkbox"/> Other: _____		<b>Total # of cats brought today:</b> _____

 Sterilization \$30.00 *(For cats NOT booked through ADLA Spay/Neuter Hotline.)*

Your cat will receive a left ear tip along with a small tattoo mark on his/her underside to show that he/she has been sterilized.

**A late fee of \$30.00 will be assessed for animals picked up after 5:00 p.m.** Client Initial: \_\_\_\_\_

**Please select any additional optional services that you would like today (you will pay to Altered Tails):**
 Rabies Vaccine \$17

 3-day Pain Relief Injection \$18

*I understand my animal will be given general anesthesia and there is a risk associated with anesthesia. If in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, I consent to these procedures and agree to pay the additional costs. I, being of legal age and responsible for the cat(s) described above, give my consent to receive, transport, prescribe for, treat, and perform services on the above-named cat. I acknowledge this feral/free roaming cat is at higher risk for surgery. I understand and agree that this cat will be examined under anesthesia. I approve surgery regardless of the outcome of the examination.*

*I understand if this cat is euthanized for any reason there is a fee of \$25.00*

**X**

Signature of caretaker or responsible party

Date

*For clinic use only*

_____ cc Meloxicam 5 mg/mL SQ _____ cc DKT* IM Time: _____ Int: _____ _____ cc Buprenorphine SR3 mg/mL SQ IM _____ cc Antisedan 5mg/ml IM	Est Weight: _____ lbs. Est Age: _____ yrs. _____ mths.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Examination:</th> <th style="text-align: center;">N</th> <th style="text-align: center;">AB</th> <th style="text-align: left;">Notes:</th> </tr> </thead> <tbody> <tr> <td>Gen. Appearance</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td></td> </tr> <tr> <td>Eyes, E/N/T</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td></td> </tr> <tr> <td>MM</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td></td> </tr> <tr> <td>Lymph Nodes</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td></td> </tr> <tr> <td>Heart/Lungs</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td></td> </tr> <tr> <td>Abdomen</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td></td> </tr> <tr> <td>Skin/Coat</td> <td style="text-align: center;">N</td> <td style="text-align: center;">AB</td> <td style="text-align: left;">Init: _____</td> </tr> </tbody> </table>	Examination:	N	AB	Notes:	Gen. Appearance	N	AB		Eyes, E/N/T	N	AB		MM	N	AB		Lymph Nodes	N	AB		Heart/Lungs	N	AB		Abdomen	N	AB		Skin/Coat	N	AB	Init: _____
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	Ear Tip	Time	Pulse	Resp	Initials	Recovery:		Time	Pulse	Resp	MM	Initials
						Normal	AB					
Scanned												
FVRCP Vx												
FelVVx												
Rabies Vx												

<input type="checkbox"/> <6 mo Kitten <input type="checkbox"/> Heat <input type="checkbox"/> Pregnant <input type="checkbox"/> Cryptorchid Fetus # _____	<b>SURGERY NOTES:</b>  <input type="checkbox"/> Karo syrup given PO _____ <input type="checkbox"/> Suture PDS _____  <input type="checkbox"/> "Unable to conduct examination prior to anesthesia/sedation."	Doctor's Signature _____
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