Spay and Neuter Surgery Center

FERAL INTAKE FORM

EAST BAY SPCA

Date: _____

Client First Name: _____

Client Last Name: _____

Pet's Name: _____

General Pet Information	
Have you brought in feral cats before?	☐ **YES** ☐ **NO**
How long has the cat been in the trap?	
Address where cat was trapped:	

Please select the following items you would also like to have done today:		
☐ Microchip: $20	☐ Flea Medication (Cheristin): $16.39	☐ Tapeworm Treatment: $22.50
☐ Felv / FIV Test: $25 **If the animal tests positive for (*please specify*) _____, I request the animal to be humanely euthanized ☐ **YES** ☐ **NO**		
☐ Felv Vaccine: $23	Included: FVRCP & Rabies Vaccine, Pain Medication	

Authorization for Sterilization Surgery

I certify to my knowledge that the above animal is in good health. I acknowledge that all pre and post operative care is my fiscal responsibility. I agree that I will be financially responsible for any post-operative medical treatment relating to this procedure or any other unrelated medical problems of this animal.

I understand there are medical risks associated with the procedure, including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. I will hold harmless EBSPCA, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal as a result of the procedure or the above risk factors.

I understand that EBSPCA will NOT perform a physical exam for anesthesia due to the temperament of the animal. I understand that there are increased risks due to this fact. I further understand that there may be additional risks if the animal is not current on recommended vaccines.

If in the course of treatment a condition is discovered that requires medical attention or an additional procedure, such as hernia repair, pregnancy, or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. If the female is found to be pregnant, I understand that the EBSPCA will terminate the pregnancy for an additional charge. I consent to these procedures and agree to pay reasonable additional charges if any.

I understand that if this animal is not picked up by the assigned day and time, the animal may be transferred to another EBSPCA facility for boarding and boarding charges ($50.00 per night) will accrue. I understand the EBSPCA is not staffed 24 hours a day. This means that if the animal is not picked up before the above times there will be no one here to monitor for such complications including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death.

I understand that if this animal is not picked up before 5:00 pm on the day of surgery, there will be an additional $25 late pickup fee.

I understand that this animal will have a permanent tattoo placed on or near the incision and will have the tip of the right ear removed.

I, the undersigned, being of legal age and responsible for the animal described above, have read and understand this entire page and authorize the East Bay SPCA Spay Neuter Surgery Center ["EBSPCA"] to anesthetize, surgically sterilize, and provide other related medical care ["Procedure"] to animal described.

Print Owner Name **Signature** **Date** **Telephone Number**