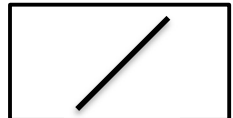




NWA COMMUNITY CAT PROJECT



Last Name/Rescue: _____ First Name _____ Date _____
Phone: _____ Alternate Contact Info: _____
Address: _____

Pet's Name: _____ Male Female
Breed: _____ Color: _____ Age _____ months/years
Rabies Immunization current? Y N Date: _____ Clinic: _____
Is your cat allergic to medications or anesthesia? Y N If so, what kind? _____
Past/Present Medical Problems: _____
Cat is kept ☐Indoors ☐Outdoors Ever used a veterinarian before? Y N
Has your cat had any litters of kittens? Y N How many litters? _____

DISCLAIMER

I understand that all surgery and anesthesia carries risks, and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risks of abnormal bleeding or death. I understand that animals of advanced age, or that have never been vaccinated carry increased risk. I agree not to hold participating veterinarian(s) or their representative(s), other participating organizations and volunteer(s), or the facility liable for damages. This animal has had no food since midnight last night. I understand that if she is pregnant, the pregnancy may be terminated. All fees payable to the attending Veterinarian. **I agree to follow Post-Surgery Instructions.**

Owner Signature: _____ Date: _____

Requested Services:

NOTES

\$25 (Any Combo)

☐ Spay (female)

☐ Neuter (male)

☐ Rabies

☐ FVRCP

☐ Microchip \$10

☐ FIV/FelV Test \$20

FIV/FelV SNAP Test Result:

FIV: Positive Negative

FelV: Positive Negative

☐ Ear Tip FREE (for ferals)

☐ Dewormer \$5

☐ Nail Trim FREE

☐ Flea Treatment \$5

☐ Other: _____

Total Owed: \$ _____ Total Paid: \$ _____ Cash _____ Check _____ Donation _____ Comp _____

CERTIFICATE OF RABIES VACCINATION

The Village Low Cost Spay/ Neuter Clinic, 11114 Little Elm Road, Prairie Grove, AR 72753

Date of Rabies Vaccination: _____

RABIES
Label Here

FVRCP
Label Here

Next Vaccination Due: _____

Veterinarian _____

AR License Number _____

EXAM

Weight _____

Temp N/A _____

DRUGS

☐ TKK

☐ ISO

☐ Antisedan

☐ Meloxicam

☐ Telazol

☐ Delorex

SURGERY

☐ Normal

☐ Pregnant

☐ Cryptorchid

☐ Pyometra

☐ Already Altered

TECHNIQUE

☐ Scrotal

☐ Uterine Body Ligation

☐ Cruciate Body Wall

☐ Continuous

POST OP EXAM

Temp _____

Fluids _____

Rev. _____