

## HSSV Community Cat Spay and Neuter Program Intake Form



Date: \_\_\_\_\_ Towel/Blanket Color: \_\_\_\_\_ Feral Number: \_\_\_\_\_

Cat Breed/Color/Marking: \_\_\_\_\_ How long have you been feeding this cat? \_\_\_\_\_

Originating Location of Cat: \_\_\_\_\_  
Street Name(s) City Zip Code

Trapper/Caretaker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Trapper/Caretaker Email: \_\_\_\_\_

Trapper/Caretaker Address: \_\_\_\_\_  
Street Name(s) City Zip Code

	YES	NO
<b>INITIAL</b> selection for each question		
<b>Can this cat be safely handled?</b>		
<b>Do you give consent for HSSV to evaluate this cat and put it up for adoption if deemed a candidate?</b>		
<b>Is this a presumably healthy cat?</b> <i>If no, and you believe this cat needs medical attention or is here for health concerns, please fill out the back of this form.</i>		
<b>If take home medications are needed, would you like a medication consultation?</b>		
<b>Would you like HSSV to microchip this cat at no cost?</b>		
<b>Would you like HSSV to perform a blood test to check for FELV/FIV for an additional cost of \$60?</b>		

By signing this form, I hereby agree to and acknowledge that I will abide by these policies set forth in order to participate in the HSSV Community Cat Spay & Neuter program. If I fail to abide by these policies, HSSV reserves the right to discontinue offering any further services to me.

1. To the best of my knowledge, this cat is an un-owned free-roaming cat and will be returned to its originating location upon pickup from the HSSV Community Cat Spay & Neuter Program within 24 hours unless otherwise directed by HSSV veterinary staff.
2. To the best of my knowledge, this cat has not bitten anyone in the last 10 days.
3. I understand that HSSV will provide these services: a rabies vaccination, a feline distemper vaccination, internal and external parasite treatment, ear-tipping, and tattoo.
4. I understand that HSSV will provide additional services at my request including microchip and/or FELV/FIV combo test and I am responsible for additional charged that may apply.
5. I delivery temporary possession of this cat to HSSV and I give HSSV veterinary staff permission to prescribe, provide and perform such treatment, care, and procedures that HSSV deems reasonable and necessary, including humane euthanasia.
6. I understand that with any medical or surgical procedure, there are inherent risks involved, including death, and that no warranty is being made as to the results or cure.
7. I completely release and forever discharge HSSV (together with its employees, agents, directors, and volunteers) from any and all claims, liabilities, expenses or causes of action of any kind whatsoever, arising from the acceptance, veterinary care, destruction and/or disposition of this cat.
8. HSSV Community Cat Spay & Neuter Program Requirements:
  - a. All cats must be transported and arrive in a humane trap.
  - b. Only one cat per humane trap is permitted.
  - c. Cats must not be transferred in and out of humane traps on HSSV property.
  - d. Pick up and check in times are to be adhered to, unless prior written authorization is provided by HSSV Staff.
  - e. If an animal is not picked up by the designated pick up time, HSSV staff will take ownership of this cat and will release the cat to the originating location noted on this form.
9. If applicable, fees must be paid at the time of pickup.
10. HSSV staff and volunteers will be communicated with in a respectful manner; respect will also be shown to other individuals using HSSV services.
11. Conversations will remain on topic, appropriate, and timely. Once business has concluded, any additional questions or concerns should be emailed to [medicalcenter@hssv.org](mailto:medicalcenter@hssv.org).

HSSV may at any time, and at out sole discretion, modify these terms and conditions. Your continued use of our services following any such modification constitutes your acceptance of these modified terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Updated 9/22/22

### HSSV Community Cat Medical Concern Information

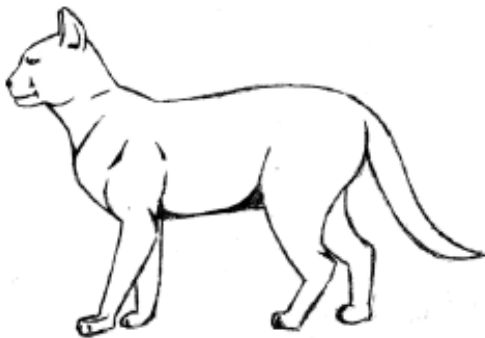
Please be advised, additional fees may apply

What is your main concern for this cat? \_\_\_\_\_

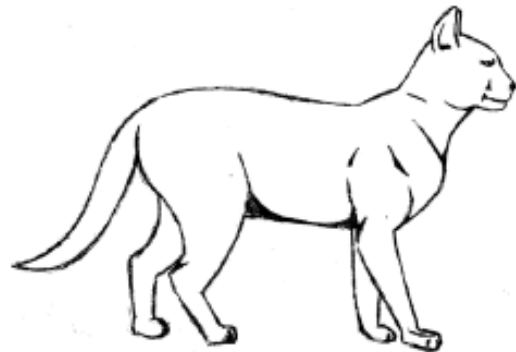
\_\_\_\_\_

Description of illness or injury you are observing:	When did you first notice these signs?	How long have you been observing them?

Please circle on the diagram below where you observed wounds, lesions, pain, limping, or other injury:



View Left Side



View Right Side

Please provide any additional information that could be helpful to veterinary staff:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_