



Surgery Date ____/____/____

FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

**RETURN THIS FORM AND YOUR PAYMENT OF \$35/CAT TO
SNACK, INC. * P.O. BOX 121 * SUNBURY, OH * 43074**

Owner name: _____ Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

Cat's name: _____ Color: _____ DOB/Age: _____ Breed: _____ M/F: ____

Surgery:

- ___ Spay / Neuter
- ___ Ear Tip (stray/feral) no additional charge
- ___ Dental (Average range \$75 - \$150)
- ___ Other: _____ \$ _____

Parasite Control:

- ___ Broad spectrum Dewormer*
- ___ Heartworm Prevention*
- ___ Flea/Tick Control*

* Price, type of product and availability varies.
Please ask what is available at clinic for current information.

Vaccination and Identification:

- ___ Rabies \$7.00
- ___ FVRCP \$10.00
- ___ Leukemia \$15.00
- ___ Microchip \$25.00

Labwork:

- ___ Junior Wellness Profile
- ___ Senior Wellness Profile
- ___ FeLV/FIV Test \$25.00
- ___ Fecal Examination \$20.00
- ___ Pre-Anesthesia Bloodwork \$55
- ___ Buster Collar (E-Collar) \$10

Organization Admin fee: \$ _____

Additional Services requested: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I understand that, although rare, there are risks with any medical treatment, surgical and anesthetic procedure including infection and death. I also understand that no guarantee of successful treatment can be made. If my cat is in need of post surgical care, I may contact the Rascal Animal Hospital in Dublin for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: _____

For Clinic Use Only (do not write below this line)

Pre-op exam: Wt(lbs): _____

Pre Med: _____

Induction: _____

Procedure Description: _____



Surgery Date ____/____/____

PATIENT CHECK-IN INFORMATION

Please fill in all information as completely as possible to allow optimal care for your cat.

This form must be filled on the surgery day, not before

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you on day of surgery: (____) _____

How long have you owned this cat? _____

Where did you obtain this cat? _____

Is your cat (circle one): Indoor only Outdoor Only Indoor/Outdoor Stray/Feral

Has your cat displayed any of the following in the last 2 weeks: (check if yes)

Sneezing ____ Coughing ____ Vomiting ____ Diarrhea ____

Has your cat ever had a seizure? Yes No

If yes, explain: _____

Has your cat had any previous: (circle yes or no):

❖ Illness? Yes No If yes, please explain: _____

❖ Injuries? Yes No If yes, please explain: _____

❖ Surgery? Yes No If yes, please explain: _____

❖ Drug or vaccine **reaction**? Yes No If yes, please explain: _____

Is your cat on any long-term medications? If so, list all _____

Has your cat been given any medications in the last month? If so, list type and why it was given

IF your cat is female:

❖ When was her last heat cycle? _____ Unsure

❖ Has she had any litters? If so, when was the last time? Yes _____ No

❖ Is your cat pregnant? (circle one) Yes No Could be

Has your cat been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? _____

When was the last time your cat was FeLV/FIV tested? _____ Not tested Unsure if has been

Is your cat on monthly heartworm prevention? Yes No

If yes, what type? Heartguard Interceptor Revolution Other: _____

When did your cat last eat? _____

How did you hear about RASCAL? _____

Do you have a regular veterinarian? Yes No