GREEN ACRES PET CENTER
VETERINARY CLINIC
Rescue/Foster
Consent for Surgery & Treatments
(A SEPARATE FORM is required for EACH FOSTER)

FELINE

Date: _____

Clinic Use Only	**Animal ID # from:**	**Animal ID # to:**

Rescue Group Client Information

Rescue Group Name (Please Print): **Tiplings**	Rescue Group Main Phone Number: **301-465-1094**	
Mailing Address: ☐ On File **14009 Graceham Road, Thurmont, MD 21788**		
City:	State:	Postal Code:

Rescue Group 1st Contact Name: ☐ On File **Jennifer Sundergill**
Rescue Group 1st Contact Phone Number: **X** Cell Phone ☐ Landline Can this number receive/send text messages? **X** Yes No **301-465-1094**
1st Contact Email Address: **Jennifer@tiplings.org**

Rescue Group 2nd Contact Name:
Rescue Group 2nd Contact Phone Number:
2nd Contact Email Address:

Payment Arrangement	☐ Email Invoice to Rescue Group **X** Call Rescue Group for Payment ☐ Payment at Time of Services ☐ Other: _____

Foster Information

Foster Name:	Foster Phone Number:
Email Address:	

What time did your animal(s) last eat? _____

Name and phone number of the person to contact
while the animal(s) is/are under anesthesia: _____

Drop-off/Pick-up Information

Name of the person **DROPPING OFF** animal(s):	Phone Number:
Name of the person **PICKING UP** animal(s):	Phone Number:

CONSENT/RELEASE (READ AND SIGN BELOW)

I am the owner/caretaker of the animal listed below. I authorize Green Acres Pet Center, Inc. to perform the procedures as specified below on my animal(s).

I also understand and consent that all primarily outdoor cats will be ear tipped.

While I expect these procedures to be performed to the best abilities of the veterinarian and staff, I understand that with any vaccination, medication, anesthesia, or surgical procedure there are risk, including drug and vaccine reactions, bleeding, infection, or anesthesia complications including death of the animal. I expect that reasonable precautions will be used to ensure the animal's safety and well-being while in the care of Green Acres Pet Center, Inc.

I have had an opportunity to ask questions regarding my animal's care and condition and have received answers to my satisfaction.

I hearby released Green Acres Pet Center, its owners, officers, employees and volunteers (known collectively as Releasees), from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns, or the animal's owner may have against the Releasees, for any injuries known or unknown which may arise as a result of the veterinary procedures performed on my animal(s) while in the care of Green Acres Pet Center. I further acknowledge that Green Acres Pet Center is not responsible for the animal's recovery once release back to the owner/caregiver.

I, the undersigned, have read, understand and agree to this Release.

Owner/Caregiver Signature: _____ Date: _____

MEDICAL ALERT: ☐ ***Muzzle*** ☐ ***Gloves*** ☐ ***Need to Sedate***		☐ **Tame** ☐ **Semi-Feral** ☐ **Feral**
Animal 's Name/ID #:	**Age/Birth Date:**	**Sex:** ☐ F ☐ SF ☐ M ☐ NM
Animal's Description:		**Previously Ear tipped:** ☐ Left ☐ Right
History of Animal:		
Injuries/Issues/Questions		

Type Of Surgery	**Vaccines**	**Treatments**
☐ Spay/Neuter	☐ Rabies ☐ 1 yr. ☐ 3yr.	☐ Deworming ☐ Nail trim
☐ Ear Tip: ☐ Left ☐ Right	☐ Feline Rabies Purevax 1 year	☐ Ear mite check ☐ Treat if necessary
☐ Extraction of retained baby teeth	☐ Feline Viral Rhinotracheitis,	☐ Flea check ☐ Treat if necessary
☐ Other: _____	Calicivirus, Panleukopenia (FVRCP)	Microchip - Provided by: _____
_____	☐ #1 ☐ 1 yr. ☐ 3 yr.	**Rapid Tests**
_____	☐ FeLV ☐ #1 ☐ 1 yr.	☐ FeLV / FIV Combo

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See additional animals for Consent/Release on additional pages.

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Mt. Airy, MD 21771
(301)831-7766 | vetinfo@gapc-md.com