GREEN ACRES PET CENTER
VETERINARY CLINIC
Rescue/Foster
Consent for Surgery & Treatments – Additional Animals

See Consent/Release for additional animals on Page 2

FELINE

Date: ___________

Rescue Group Name:	**Foster Name:**

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, Calicivirus, Panleukopenia (FVRCP)	☐ Flea check	☐ Treat if necessary
☐ Other: ______________________________		Microchip - Provided by: ____________________	
______________________________________	☐ #1 ☐ 1 yr. ☐ 3 yr.	**Rapid Tests**	
______________________________________	☐ FeLV ☐ #1 ☐ 1 yr.	☐ FeLV / FIV Combo	

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