

Ear Tip Yes / No

AACMC SURGICAL RECORD

Last Name	First	Telephone No.	Date	
Street Address	City	State	Zip	Municipality
Pets Name	Age	Sex		
Fee	Coloring	Long/Short Hair		

Do you want your cat to have a Rabies vaccination? Y / N Do you want your cat to have a Distemper vaccination? Y / N

Any Health problems, explain? _____

MEDICAL TREATMENT IS AT YOUR EXPENSE. IF THESE CONDITIONS ARE FOUND, DO YOU AUTHORIZE TREATMENT AT THE FOLLOWING FEES? IF SO CIRCLE TREATMENT AUTHORIZED. ALL IF NEEDED - FLEA TREATMENT \$15 EAR MITES \$10 EYE INFECTION \$10 ANTIBIOTIC \$20 ANY OTHER MEDS WE WILL CALL YOU FOR AUTHORIZATION.

Comments: _____

Circle one: Friendly Caution Feral
