



Admission Form

(Community/Feral Cat)

Please complete a separate form for EACH pet.

Owner/Trapper's Name:		Phone 1:	
Street Address:		County:	Phone 2:
City & State:		Zip:	Email:
Cat's Name:	Breed:	Description:	How Did You Hear About Us?

Would you like to donate to our \$PAY if Forward fund to help other pets in need? \$5 \$10 \$20 Other _____

REQUESTED SERVICES

SELECT ONE:	OTHER SERVICES:	
<input type="checkbox"/> Standard Package \$25 <ul style="list-style-type: none"> • Spay/Neuter • 1 Year Rabies Vaccine • FVRCP Vaccine • Ear Tip 	<input type="checkbox"/> Feline Leukemia <input type="checkbox"/> Combo Test \$25 <input type="checkbox"/> Capstar \$5 <input type="checkbox"/> Strongid Dewormer \$5 <input type="checkbox"/> BupSR Pain Injection \$15	<input type="checkbox"/> Flea Treatment \$10 <input type="checkbox"/> Earmite Treatment \$10 <input type="checkbox"/> Praziquantel Dewormer \$10 <input type="checkbox"/> Microchip \$25 <p>All cats receive an injection for pain/inflammation. If you would like extended pain control for your cat, we can give an injection that lasts 72 hours for \$15. This is REQUIRED for all cats in their third (3rd) trimester of pregnancy.</p>

PREAUTHORIZATION FOR TREATMENT OF MINOR ISSUES

<input type="checkbox"/> I authorize and will pay for treatment of minor issues. (i.e.: fleas, intestinal worms, earmites, etc.)	Max Amount: \$ _____
<input type="checkbox"/> I do NOT authorize treatment.	

Is this cat currently taking any medications? If so please list: _____

NOTE: THIS CAT WILL RECEIVE AN EARTIP AND SMALL TATTOO ON ITS UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Jazzy Paw, Inc. uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following BEFORE signing your name.

- I, acting as owner or agent of the pet named above, hereby request and authorize Jazzy Paw, Inc., through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.
- I understand that the operations presents some hazards and that injury or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs providing this service.
- I understand that it takes up to two weeks for vaccinations to protect my animal, and either certify that my animal has been vaccinated more than two weeks and less than one year prior to this date OR waive my right to protect my pet by having it vaccinated 2 weeks prior to surgery.
- I understand the inherent risks of failing to maintain current vaccinations and heartworm preventative and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I certify that my animal is in good health and has had no food or water since 12:00 midnight the evening prior to surgery.
- I understand that Jazzy Paw, Inc. has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that Jazzy Paw, Inc. may not perform a complete physical examination before surgery is performed. I also understand that my pet will not receive pre-operative bloodwork, and waive my right to have this service performed prior to surgery at a full-service veterinarian.
- I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworm disease.
- **I understand that if my animal is pregnant, the pregnancy will be terminated at surgery and an extra charge may apply.**
- **I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery at an additional charge of \$25.**
- **I understand that if my animal is cryptorchid (undescended testicles), I will be charged an additional charge of \$15 if inguinal or \$25 if abdominal PER TESTICLE. (n/a for feral/community cats)**
- I understand it is unlawful to abandon an animal. I understand I must retrieve my pet by the specified time and if I have not arrived by that time the animal will be kept overnight at the rate of \$25 per animal, pet night. **Jazzy Paw, Inc. does not board animals.**
- I understand that if post-operative instructions are not followed, I will be responsible for taking the animal to my regular veterinarian for follow-up care, which may include additional surgery and hospitalization.
- I authorize Jazzy Paw, Inc. to add my name and contact information to its mailing list. I may opt-out at any time by following the opt-out instructions contained within the email newsletter.

I, as acting owner or agent of the pet named above, hereby request and authorize Jazzy Paw, Inc. through whoever licensed veterinarian they designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form. I hereby release Jazzy Paw, Inc., all veterinarians, assistants, employees, and volunteers from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from any of them or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I agree to indemnify and hold Jazzy Paw, Inc. harmless for any damages cause during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

Signature: _____ Date: _____