Greys and Strays, LLC 717-304-9987 Feline Spay/Neuter/Vaccination Clinic Liability Release Form

I authorize Greys and Strays and its staff to receive, transport, and have spayed, neutered or vaccinated the following animal. Greys and Strays is to use all reasonable precautions against injury, escape or death of my pet. I understand that all anesthesia and surgery always involves some risk to my pet (like unknown internal abnormalities, medication/sedative allergies, surgical complications, internal bleeding, shock, incision dehiscence, post surgical infection and death) and that I am encouraged to discuss concerns I have before the procedure(s) is/are initiated and agree to hold Greys and Strays harmless, in the absence of negligence, in connection with these procedures. While I accept that all procedures will be performed to the best of the abilities of the staff at Greys and Strays, LLC, I understand that vet medicine is not an exact science and no guarantees have been made regarding the outcome of this/these procedures and no guarantee or assurance has been made to me as to the results that may be obtained. In the event that complications arise and I cannot be immediately contacted at the number listed below, Greys and Strays is directed to make the decision deemed best for my pet. **There is an increased risk of infectious disease development in unvaccinated cats and some feral cat colonies that are carrying infections that are expressed during stress, like surgery and vaccinations.** I understand that I assume all responsibility for all risks and additional risks/complications resulting from refusal for screening procedures incl financial responsibility should complications arise during the requested procedures. Greys and Strays reserves the right to hold or keep any animal and refuse surgery or vaccinations for the pet's health or safety in order to protect that animal. I agree to pay for services rendered. **I have read the foregoing, understood what it says, and agree**

Print YOUR Name_____ Phone ( )_____

Address_____City_____Zip_____

Pet/Stray/Feral Name_____Circle: M or F; MC or FS WT:_____

Breed_____Age/Birthday_____Color_____EMAIL:_____

PLEASE CIRCLE DESIRED SERVICES

SPAY(female) $60 (Add'l charge: pregnancy, complications, lactation, hernias, heat etc) **NEUTER $50**

ALL 3 PAIN MANAGEMENT PRODUCTS REQUIRED

1: **Meloxicam** injection w/SQ fluids given here: $10 This is an NSAID; must be 4 mos+ for this product

2: **Simbadol**: an Opioid: up to 10#: $20;10.1-12#: $25;12.1-14#: 30;14.1-17:$35 **IF under 4 mos use #2 & #3 ONLY**

3: **Therapeutic Post Op Laser**: $10

OPTIONAL: **GABAPENTIN Tiny Tabs**; Given PO every 8 hours; for calming, NOT for acute pain**

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PREOP BLOODWORK, FELV/FIV TEST, HEART TEST, UA DECLINED:_____

1:FeLV/FIV/HW Test: $65 Recommended 2: **URINALYSIS:** RECOMMENDED FOR ALL PRE-OP

3: CBC/ Chemistry Panel/Lytes/SDMA/Invue $300 Tells us if organs are functioning properly, detects health conditions, provides baseline levels; Cats OVER 5 yo MUST have an EXAM AND BLOOD WORK here BEFORE surgery; RECOMMENDED FOR ALL PRE-OP

4: BIONOTE NT-PROBNP TEST: THIS HEART TEST IS RECOMMENDED FOR ALL PRE-OP

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VACCINATIONS

PUREVAX RABIES 1 YR $25 Required at 12-16 wks of age; Vaccinate once a year

PUREVAX DISTEMPER/FVRCP **$15** (Panleukopenia, Rhinotracheitis, Calici) **CORE!**! We follow the Feline Vaccination Guidelines; Age and Risk determine the # of vaccs and their timing; **PLEASE CIRCLE** IF YOUR KITTY IS **LOW** OR **HIGH** RISK FOR CONTRACTING THESE DISEASES so we can determine the vacc schedule

PUREVAX RABIES 3 YR $80 (Rabies cert proof of a previous rabies vaccine required)

PUREVAX DISTEMPER/FVRCP $30 3 YEAR VACCINE- this is given 1 yr after 1st yr vaccs then every 3 yrs

PUREVAX FELINE LEUKEMIA: **$50.00** Vaccinate twice, 2-4 wks apart; Negative FeLV test required; CORE for kittens

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DEWORMERS, FLEA/TICK PRODUCTS, ETC DECLINED:_____

1: NEXGARD COMBO: TOPICAL for Fleas, Ticks, HW, Tapeworms, Rounds, Hooks, 90% ear mites; **8wks,1.8#**

2: PROFENDER TOPICAL for Hooks, Rounds, Tapes; **Must be 8 wks and 2.2#** 2.2-5.5# 5.5-11# 11.1-17.6#

3: DRONTAL (Hooks/Rounds/Tapes**)** Oral pill; **Must be 8 wks and 2#;** should be repeated in 2.5 wks

4: PYRANTEL PAMOATE (Hooks/Rounds): **$5 DEWORM EVERY 2 WEEKS FOR AT LEAST 4 TIMES**

5: REVOLUTION PLUS: fleas, ticks, rounds/hooks, HW, ear mites, lice

6: CHERISTIN: Fleas only $15

AN MDR1 TEST IS RECOMMENDED BEFORE NG, REV'N PLUS, PROFENDER IS APPLIED:DECLINE:_____

GI Parasite PCR or Ag Panel:**$60 Microchip:$50 Claw trim:at surgery $10; EAR TIP: No Charge; TATTOO:$5**

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SIGNATURE DATE

I **HAVE READ AND UNDERSTAND DISCHARGE INSTRUCTIONS:_____INITIALS**