



### Surgery Release Form

I am the owner or the authorized agent for the owner of the animal(s) described on the previous page and I have the authority to execute this consent. I believe my animal(s) to be intact and am bringing them for sterilization surgery. If my animal(s) is/are found to be already spayed or neutered, I understand I am still responsible for payment for all services rendered.

I understand the Fort Collins Cat Rescue & Spay/Neuter Clinic is not a full-service veterinary clinic. Although it is not required, I understand it is suggested that I should take my animal(s) to my regular veterinarian prior to surgery to rule out health problems that could cause complications with anesthesia. I understand that extensive pre-surgical examinations are not provided and bloodwork analysis is not required for animals under the age of 8 years old. I also understand that if my animal(s) are uncooperative, stressed, aggressive or unable to be handled in any way, it may be necessary to use sedation to perform a pre-surgical check and I am financially responsible for the sedation.

I understand that if my animal(s) have not been previously vaccinated, there are risks involved with potential exposure to other unvaccinated animals. I will not hold the Fort Collins Cat Rescue & Spay/Neuter Clinic liable for any diseases contracted or any necessary treatment my animal(s) may need.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that there are risks associated with the use of any medication. I also understand that there are certain risks and complications associated with any operation or procedure of this type, including death of my cat or dog. I understand that it is my responsibility to ask for further information about the nature of the procedures and any complications thereof. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures at potentially additional cost for which I am financially responsible.

I understand that support staff will be used at the veterinarian's discretion. I also understand that my animal(s) will be tattooed with a permanent green line on their abdomen after surgery to automatically identify that my animal(s) have been surgically sterilized. I understand that if I am bringing in a cat for feral or barn cat pricing the cat will receive an ear tip on the left ear to signify surgical sterilization. I hereby give Dr. Gloria Matsushita and the Fort Collins Cat Rescue & Spay/Neuter Clinic and any authorized agents, staff or representative's consent and authority to perform **surgical sterilization** of the animal(s) and any additional procedures/operations I requested.

I have been informed of all applicable costs for these procedures and understand that payment is due at the time I drop off my animal(s). I also agree to permit the use of my name and photo(s) of me and/or my cat or dog, for publicity or promotional purposes, without liability or obligation to me.

I understand, by signing this release form, I have agreed to release my animal for surgical sterilization with the Fort Collins Cat Rescue & Spay/Neuter Clinic. By the release of my animal today I have read and been given a physical copy of the release form and post-operative instructions. I understand I am giving my consent based on all information given to me and I am responsible for asking for further information about the surgical sterilization procedure and/or post-operative care for my animal.

Signature of owner/authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Fort Collins Cat Rescue & Spay/Neuter Clinic is an IRS 501(c)(3) non-profit organization**

Shelter: 2321 E. Mulberry St. #1, Fort Collins, CO 80524 (970) 484-8516

Clinic: 2321 E. Mulberry St. #9, Fort Collins, CO 80524 (970) 484-1861

[www.fortcollinscatrescue.org](http://www.fortcollinscatrescue.org)



**Client/Owner Information**

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if you would like your paperwork emailed to you

Email address \_\_\_\_\_

**Best phone number to reach you at today:** \_\_\_\_\_ cell work home

**Next best phone number to reach you at today:** \_\_\_\_\_ cell work home

**Animal(s) Information**

Patient Name: \_\_\_\_\_ Canine or Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_

Known Health Issues: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Canine or Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_

Known Health Issues: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Canine or Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_

Known Health Issues: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Canine or Feline

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# FORT COLLINS CAT RESCUE & SPAY/NEUTER CLINIC

### Additional Requested Procedures/Services

Please **initial** in the box next to each item requested:

<b>Required</b>	Rabies Vaccine (if no proof of current vaccine) \$13			
	Pre-anesthetic Bloodwork for animals 8 years old and older \$35			
<b>Strongly Suggested</b>	<b>Take-Home Pain Medication</b>		<b>Vaccinations</b>	
	Dogs	Under 80 lbs \$7	Dogs	
		80 lbs and over \$10	DA2PPV (Distemper combo) \$11	
	Cats	Pills \$7	Cats	
		Liquid (under 6 lbs) \$7	FVRCP (Distemper combo) \$11	
		Liquid (over 6 lbs) \$10	<b>*We highly recommend testing for FeLV before vaccinating.</b>	
	<b>Available for Both Dogs and Cats</b>			
	Pre-Anesthetic or General Health Bloodwork \$35 - \$50			
E-collar (Cone) \$7-\$10		Microchip ID (with registration) \$25		
<b>Other</b>	<b>Deworming</b>		<b>Cat Testing</b>	
	Dogs	Pills \$11-\$33	FeLV (Feline Leukemia) Only \$18	
	Cats	Pills \$10	FeLV/FIV/Heartworm \$29	
		Topical \$12	<b>Dog Testing</b>	
			Heartworm Test \$15	
			Heartworm Preventative (Interceptor): 1 yr supply: \$37-\$69 (Depending on weight )	
	<b>Available for both Dogs and Cats</b>			
	Nail Trim \$7	Larimer County License \$12		

**Donation to help us move to a larger facility \$ \_\_\_\_\_**

(All donations are tax deductible, even \$1 helps!)

**Survey:** (All answers are for statistical purposes only)

- Has/Have your animal(s) ever been to the vet? Yes No
- Do you have a regular vet? Yes No
- How often does/do your animal(s) visit the vet? Every:  
6 months 1 Year 2 years As needed for illness Never Other \_\_\_\_\_
- Where did you obtain your animal(s)?  
Shelter Friend/Family Pet Store Stray Breeder Other \_\_\_\_\_
- Has/Have your animal(s) had or sired any litters? Yes No  
If yes, how many litters? \_\_\_\_\_
- How did you hear about us?  
Internet Phone Book Newspaper Have been here before Flyer Word of Mouth  
Veterinarian Paw Pages Other \_\_\_\_\_

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