

Trap Neuter Vaccinate Return (TNVR) Program

2542 17th Street, Sarasota, FL 34234

Phone: 941-366-2287

Date: _____

Cat #: _____

Trap #: _____

Caretaker/Trapper Last Name: _____ First Name: _____

Address: _____

City, State, Zip Code: _____

Emergency Phone on Surgery Day: _____ Cell Phone: _____ Other: _____

Colony Name or Location: _____ Time Last Fed: _____

_____ Feral Cat Program includes spay/neuter, rabies vaccine (12+ wks old), FVRCP vaccine, mandatory left ear tip and tattoo.

_____ If additional care beyond sterilization is necessary, I consent to this treatment, not to exceed \$50.00, and accept responsibility for the charges incurred. If treatment costs exceeds \$50.00, I

_____ Wish to be called first _____ Agree to pay all charges and do not need to be called

If necessary, euthanasia with communal cremation is authorized (Add'l \$24.00 Fee): ☐ If Positive for FeLV ☐ If health condition
To my knowledge this animal has not bitten anyone in the past 10 days

Signature required authorizing euthanasia: _____

We need your help. In order to continue TNVR services, we rely on donations. Are you able to make an additional donation today to help community cats? _____ Yes Amount \$ _____ No _____

Cat Information

Cat Name: _____ Gender: _____ Age Estimate: _____

Breed: _____ Color Markings: _____ Weight: _____ ☒ Microchip Scan # _____

Optional Services

- ☐ FeLV Vaccine SC (Left rear) (Additional \$20.00 Fee)
- ☐ FeLV/FIV Test (Additional \$23.00 Fee) Results _____
- ☐ Microchip interscapular area (Additional \$15.90 Fee)
- ☐ Revolt/Revolution/Synergy/Selamectin _____ ml topically (Additional \$8.50 Fee)
- ☐ Praziquantel (56.8 mg/ml) Tapeworm injection ml SC (Additional \$10.34 Fee)

Caretaker Additional Requests/Concerns: _____

Shelter Hospital Only: Surgical Team: DVM _____ Prep Tech _____ Anesthesia Tech _____ Recovery Tech _____ CSR _____

Induction/Pain: ☐ DKB _____ ml. Metacam _____ ml ☐ Other: _____ ☐ Isoflurane Mask ☐ Intubated, Size _____

Surgery: ☐ Self-Tie Castration ☐ Cryptorchid (☐ Unilateral ☐ Bilateral ☐ Inguinal ☐ Abdominal)
☐ Routine OHE ☐ Mature OHE ☐ Heat OHE ☐ Pregnant OHE _____
☐ Hernia Repair ☐ Other Surgery _____
☐ Suture: ☐ 2/0 Securocyl ☐ 3/0 Securocyl ☐ 4/0 Securocyl
☒ Tattoo ☒ Ear Tip ☐ Karo Syrup ☐ LRS SC Fluids _____ ml

Monitoring Pre-op: Temperature _____ Heart _____ Rate _____ SX Tech Initials _____ SX DVM Initials _____
Post-op: Temperature _____ Heart _____ Rate _____ SX Tech Initials _____ SX DVM Initials _____

Vaccines/Test: ☒ Rabies (right rear) ☒ FVRCP (right fore) ☐ FeLV (left rear) ☐ FeLV/FIV Snap Test

Treatment: ☐ Revo/Revolt/Selectin/Synergy _____ ml topically ☐ Ivermectin 1% ml SC (if scabies/ear mites) _____ ml
☐ Clean wound ☐ SSD cream applied Location: _____
☐ Beuthanasia / Euthasol _____ ml ☐ Other: _____

Client Name: _____ **Pet Name:** _____

I, being of legal age and responsible for the cat described above, as the owner, agent of the owner, or caretaker, have the authority to grant Cat Depot, Inc. ("Cat Depot") and its employees, contractors, agents and representatives, my consent, and I hereby give such consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the cat named above. I have fully disclosed all known pertinent medical history of the cat named above to the best of my ability. To my knowledge the cat is in good health and has not had food or treats since 12:00 midnight unless otherwise instructed by Cat Depot.

I understand that reasonable precautions will be used against injury, escape, or destruction of the cat. I have read Cat Depot's general post-operative surgical instructions handout and had the opportunity to ask questions about these procedures. I understand that Cat Depot is not responsible for any medical and/or veterinary expenses incurred by me after the sterilization surgery and/or other treatment provided by Cat Depot. I agree to indemnify, release and hold Cat Depot harmless from any and all claims, damages, expenses, costs and causes of action that may arise from the procedures or operations to be rendered, and from other medical care arising therefrom.

I have been advised as to the nature of the procedure or operation and the risks involved, including death. I further understand that as long as, in the opinion of the attending veterinarian, the cat is an acceptable surgical candidate, sterilization procedures will be performed regardless of the cat's sex or medical condition (including pregnancy). I understand that the attending Cat Depot veterinarian can refuse to perform any procedure on any cat for any reason. Such refusal is at the sole discretion of the attending Cat Depot veterinarian. I understand that community cats will have their left ear tipped/notched, to allow for identification in avoidance of future sterilization trapping.

I have read and understand the risks and complications fact sheet. I understand that during the performance of the foregoing procedure or operation that unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are recommended and desirable in the exercise of the Cat Depot veterinarian's professional judgment.

I also acknowledge that complications may develop during surgery or post-surgically and that I assume responsibility for all post-operative care and veterinary expenses incurred as a result of such surgery.

I understand that all cats must be picked up from the clinic on the same day as surgery. I agree to pick up all cats I brought in at the time specified, and I understand that if I fail to do so, I will be responsible for overnight boarding fees. If I, or my designated agent, does not claim the cat(s), I understand that after 24 hours that cat(s) will be considered abandoned and the cat(s) will be disposed of in accordance with policies established by Cat Depot. I understand that once any cat has been abandoned, I relinquish all rights and will be held responsible for any and all medical costs including boarding expenses.

I understand that this facility is often a training site for veterinary students from accredited veterinary programs. I understand that the sterilization procedures may be performed by a veterinary student under the supervision of a licensed Cat Depot veterinarian.

The undersigned has read all of the terms of this consent form and understands, accepts and agrees to be bound by the above conditions.

Owner, Agent or Caretaker's Signature

Date