



PICK-UP TIME: **4:00 p.m.** unless otherwise noted.

Caretaker Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Colony Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color (s): \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_/ F \_\_\_

The TNR package includes spay/neuter surgery, rabies & distemper vaccinations, 30-day flea treatment, tattoo and an ear tip. Kittens under 3 months of age are not eligible for rabies vaccination and will not receive an ear-tip.

The Maryland SPCA uses qualified staffing and approved materials for all procedures performed. It is important that you understand the risk of injury or death, although extremely low, is always present. **Carefully read and understand the following before signing your name.** I certify that I am the responsible party for the cat described above, and have the authority to grant consent for The Maryland SPCA to receive, prescribe for, treat and/or operate on the cat. I understand the surgery contemplated in a spay/neuter. I understand that The Maryland SPCA will use responsible precautions against injury, escape or death of the cat; and I understand that some risks include (but are not limited to) anesthetic reactions, genetic defects, and abnormal development of major organs (heart, liver, kidneys, etc.). I also understand that The Maryland SPCA does not provide 24-hour pet supervision. I hereby release The Maryland SPCA, the veterinarians, assistants, and all of its employees and members from any and all claims arising out of or connected with the performance of this procedure. I agree that I have not claimed or will not claim any right to compensation from any of the aforementioned parties, or file action by reason of such sterilization or attempted sterilization of such cat or any consequences related. If cat is found to be pregnant, I authorize the Maryland SPCA to proceed with spay surgery. If cat is found to be severely matted, the Maryland SPCA may shave cat. The Maryland SPCA shall not be held responsible for any illness or defects which may have or may develop as a result of the procedure, nor shall The Maryland SPCA be liable for any damage or injury to person or property which may be caused by the cat. I understand that vaccinations and other veterinary treatments can cause adverse reactions in some cats. I hereby release The Maryland SPCA, the veterinarians, assistants, and all other employees from any and all claims arising out of or connected with these vaccines and/or treatments.

I understand that if this cat is found to have a **wound of unknown origin** The Maryland SPCA is bound to contact the Health Department and the caretaker shall undergo quarantine indoors for a period of time determined by the Health Department. I understand that if the caretaker is unable to comply with quarantine conditions the cat will be euthanized and submitted for immediate rabies testing. \_\_\_\_\_ (Initial)

I agree to pay an additional fee of **\$20** if the veterinarians believe it is in the best interest of the cat to receive an **antibiotic** injection. \_\_\_\_\_ (Initial)

Please initial if you would like these additional recommended services: FIV/FelV test (**\$25**) \_\_\_\_\_ (Initial)

If the patient is found by the attending veterinarians to be in poor health with a poor prognosis, and if euthanasia is recommended: I, as the responsible party for this patient, would (please initial one):

I would like the veterinarian(s) to euthanize the patient, my prior consent is not needed \_\_\_\_\_ (Initial)

**OR**

I would like to be contacted in order to discuss health options. **I understand that by electing to be contacted I must provide a phone number at which I can be reached the entirety of the day.** If I cannot be reached I understand that a decision may be made for me as to the disposition of the patient (whether it is euthanasia or other treatment options) by the attending veterinarian(s) if said action is deemed in the best interest of the patient. \_\_\_\_\_ (Initial)

**X** \_\_\_\_\_ (signature)

I would like to donate funds to The Maryland SPCA so they can help spay or neuter other pets in the community.

I am able to donate: \_\_\_\$1 \_\_\_\$5 \_\_\_\$10 \_\_\_Other: \$\_\_\_\_\_ Thank you for your donation!

Species: TNR CAT Sex: M / F Pet Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pet ID: \_\_\_\_\_

Rabies:  FVRCP:  Revolution:  Ear Tip:  Tattoo:  FeLV: + -- FIV: + Other \_\_\_\_\_

S: Admitted for elective spay/neuter surgery. Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Approx Age: \_\_\_\_ m/y

TEMP #1: \_\_\_\_\_ Time: \_\_\_\_\_ TEMP #2: \_\_\_\_\_ Time: \_\_\_\_\_ Weight: \_\_\_\_\_

**Anesthesia/Analgesia Drugs**

TTDex: \_\_\_\_\_ IM Init: \_\_\_\_\_ Antisedan: \_\_\_\_\_ IM Init: \_\_\_\_\_ Other: \_\_\_\_\_ IM IV SQ PO Init: \_\_\_\_\_  
 Telazol: \_\_\_\_\_ IM IV Init: \_\_\_\_\_ Ketamine: \_\_\_\_\_ IM IV Init: \_\_\_\_\_  
 Bupr. (0.\_\_\_\_mg) \_\_\_\_\_ IM IV Init: \_\_\_\_\_ Midazolam: \_\_\_\_\_ IM IV Init: \_\_\_\_\_

**Medications:**

Metacam, Inj \_\_\_\_\_ SQ + LRS \_\_\_\_\_ cc Convenia : \_\_\_\_\_ cc SQ only for \_\_\_\_\_  Capstar

Veterinarian: \_\_\_\_\_

O:

Ears/Eyes/Nose	N	ABN	Oral	N	ABN
Lymph Nodes	N	ABN	Integument	N	ABN
Pulmonary	N	ABN	Cardiac	N	ABN
Upper Airways	N	ABN	Abdomen	N	ABN
Neurological	N	ABN	Musculoskeletal	N	ABN
Uro-Genital	N	ABN	Hydration	N	ABN
Mucus Membranes	N	ABN	BCS (#/5):		

A: Surgical anesthesia risk level (Please circle one): 1 2 3 4 5

P: Approved for neuter/OHE? YES NO : \_\_\_\_\_

Surgery Type: Performed by (if other than examining veterinarian): \_\_\_\_\_ DVM

Spay:	Routine, In heat	Pedicles	Mod. Miller's Surgeon's Autoligated	Single Double	MAS 3-0 2-0 0
	Postpartum, Lactating Y / N	Uterine body	Mod. Miller's Surgeon's Transfixing	Single Double	MAS 3-0 2-0 0
	Pregnant: #__ fetuses- early, mid, late	Linea	Sim. Continuous Cruciates	N/A	MAS 3-0 2-0 0
Neuter:	Normal Castration Cryptorchid	Cords	Mod. Miller's Surgeon's Autoligated	Single Double	MAS 3-0 2-0 0
	Scrotal Inc Prescrotal Inc .	SQ/Intraderm	Simp. Continuous Buried Simple Interrupted	N/A	MAS 3-0 2-0 0

Surgery Notes:

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