



FERAL CLINIC INTAKE FORM

1 form per cat
Please print 2-sided

CONTACT INFORMATION

| | | | |
|--|---|---|---------------|
| Owner/Trapper Name: <small>Label your traps, carriers, liners with this name only</small> | | Phone (best # to reach you today) <input type="checkbox"/> Cell <input type="checkbox"/> Hm <input type="checkbox"/> Wk | Email: |
| Address: | | City/State/Zip: | |
| Person(s) <u>authorized</u> to pick-up cat: | Phone: (best # to reach them today) <input type="checkbox"/> Cell <input type="checkbox"/> Hm <input type="checkbox"/> Wk | Total # of Cats Today: | |

CAT DESCRIPTION

| | | | |
|--|---|--|---|
| Coat Length: <input type="checkbox"/> Short <input type="checkbox"/> Med <input type="checkbox"/> Long | Approx. Age: <input type="checkbox"/> Kitten <input type="checkbox"/> Adult | Cat Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL | Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Not sure |
| Color(s): | Pattern: (Tabby, Calico, Solid, Bicolor, etc) | Special Notes: | |
| Cat is arriving in a: <input type="checkbox"/> Trap <input type="checkbox"/> Pet carrier <input type="checkbox"/> Other: _____ <small>All cats <u>must</u> arrive in traps. Cats arriving in anything else will incur a \$10 fee to transfer cat into a trap for safe handling.</small> | | After Surgery, return cat to: <input type="checkbox"/> Trap <input type="checkbox"/> My <u>clean</u> pet carrier <input type="checkbox"/> AHS Loaner pet carrier (deposit required) | |
| Address where trapped: | City where trapped: | Zip Code where trapped: | If recommended by the vet, I want this cat to receive a \$15 Convenia antibiotic injection: <input type="checkbox"/> YES <input type="checkbox"/> NO |

OPTIONAL PAID SERVICES

| | |
|--|--|
| <input type="checkbox"/> FVRCP (distemper) Vaccination.....\$ 7.00 | <input type="checkbox"/> FIV / FeLV Testing (Must mark selection below)\$17.00 |
| <input type="checkbox"/> Feline Leukemia Vaccination.....\$12.00 | If FeLV positive: <input type="checkbox"/> <u>DO NOT EUTHANIZE</u> <input type="checkbox"/> <u>Euthanize</u> |
| <input type="checkbox"/> Microchip.....\$10.00 | |
| <input type="checkbox"/> Donation (optional).....\$_____ | Total \$ Due at Check-In: \$_____ |

SURGICAL WAIVER

- I, the undersigned, hereby request surgical spay/neuter services at the Austin Humane Society's (AHS) Feral Cat Spay/Neuter Clinic.
- I have read, understand and agree to the "Program Policies" and have had the opportunity to ask questions.
 - I understand that all cats will be scanned for microchips, and that if a microchip is found, further procedures will not be performed.
 - I recognize and understand the risks inherent to anesthesia and surgery. I understand that the cats do not undergo a pre-anesthetic evaluation and I accept risks of any underlying health problem that would complicate survival/recovery from anesthesia and surgery.
 - I have taken precautions not to present an owned pet or a previously altered cat. I understand I am liable for the consequences of ear tipping an owned cat and/or exploratory surgery our vet deems necessary to confirm if the cat is already fixed.
 - I agree to hold harmless and indemnify the AHS Feral Cat Spay/Neuter Clinic, their officers, their volunteers and their employees from any loss, injury or damages to myself or the cat(s) arising out of or in any way connected to the services requested herein.
 - I have read and agree to the policies for ear-tipping in the "Clinic Information & Policies" document.
 - I understand that the cat presented will not be euthanized for any reason without my written or verbal consent. My written consent to euthanasia may be given on this form.
 - I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed, then the cat(s) may be declared abandoned and will be handled as such.
 - I understand I may choose to assign a representative to pick up the cat for me after surgery.
 - I will ensure this cat receives food, water and necessary care while it is recovering until it can be returned to the location from which it was collected.
 - I certify that, to the best of my knowledge that this cat has not bitten anyone in the preceding 10 days. I understand if any cat I present bites anyone while in our care, we are required to report the bite to Austin Animal Center and the cat will be transferred to AAC for quarantine.

I completely understand and agree with the above: Signature _____

PAY AT PICK-UP

Called/Left Msg at (time): _____

| | | |
|--------------|-------|--------|
| Clinic Date: | PP #: | Cat #: |
|--------------|-------|--------|

(For Clinic Use Only)

CLINIC RECORD

(For Clinic Use Only)

SEDATION

| | | |
|---|--------|---|
| Ear-tipped?: <input type="checkbox"/> Tip <input type="checkbox"/> No Tip | Color: | Coat Length: <input type="checkbox"/> SH <input type="checkbox"/> M <input type="checkbox"/> LH |
|---|--------|---|

| | | | | | | | | |
|------|----|-------|-------------|----|-------|-------------|----|-------|
| TKX: | cc | Time: | Addt'l TKX: | cc | Time: | Addt'l TKX: | cc | Time: |
|------|----|-------|-------------|----|-------|-------------|----|-------|

| | | |
|---|--|--------------------------|
| Chip Scan: <input type="checkbox"/> Chip <i>(alert Supervisor)</i> <input type="checkbox"/> No Chip | Sex: <input type="checkbox"/> F <input type="checkbox"/> M | Butorphanol: _____ cc IM |
|---|--|--------------------------|

| | | |
|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Eyes Lubed | Cat's Estimated Age: _____ Years _____ Months | Cat's Actual Weight: _____ lbs |
|-------------------------------------|---|--------------------------------|

PREP

| | |
|--|--|
| Ear Tip: <input type="checkbox"/> Done <input type="checkbox"/> Not Done | Bladder Expressed: <input type="checkbox"/> Done <input type="checkbox"/> Not Done |
|--|--|

SURGERY

| | |
|---|--|
| <input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> No Rabies Given - reason: _____ <input type="checkbox"/> Revolution: _____ mL topical <input type="checkbox"/> Meloxicam: _____ mL SQ | PAID TREATMENTS <input type="checkbox"/> FVRCP <input type="checkbox"/> FeLV <input type="checkbox"/> Convenia OK'd <input type="checkbox"/> <u>Combo Test:</u> <input type="checkbox"/> Positive: FeLV / FIV <i>(circle one)</i> <input type="checkbox"/> Negative: FeLV / FIV <i>(circle one)</i> |
|---|--|

Surgeon: Dr. Givens Dr. Sabelhaus Dr. Bodner Dr. _____

| | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> NEUTER → | <input type="checkbox"/> Normal | <input type="checkbox"/> Cryptorchid | <input type="checkbox"/> Previously Spayed / Neutered <i>(circle one)</i> |
| <input type="checkbox"/> SPAY → | <input type="checkbox"/> Midline | <input type="checkbox"/> Flank | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> In Heat | <input type="checkbox"/> Lactating: | <input type="checkbox"/> Recent Postpartum |
| <input type="checkbox"/> Pregnant - # of Feti: _____ | <input type="checkbox"/> Pyometra | <input type="checkbox"/> SQ Fluids _____ mL | |

| | |
|-----------|-------------------|
| Comments: | Medications Rx'd: |
|-----------|-------------------|

| | |
|--------------------|---|
| Euthanasia/Reason: | <input type="checkbox"/> Convenia _____ mL SQ |
|--------------------|---|

RECOVERY 1

RETURN CAT TO: Trap Carrier provided Loaner Carrier – AHS # _____

| | |
|---|---|
| <input type="checkbox"/> MICROCHIP: <p style="text-align: center;"><i>[attach microchip # sticker here]</i></p> | Post-Op Temp: _____ °F Time: _____ Yohimbine: _____ cc IM/IV <input type="checkbox"/> Check incision <input type="checkbox"/> Check ear <input type="checkbox"/> Tag removed <input type="checkbox"/> All paid treatments given? |
|---|---|