



Surgery Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Cat's name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_

### Surgery:

- Spay / Neuter
- Ear Tip (stray/feral) no additional charge
- Dental (Average range \$100 - \$150)
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

### Parasite Control:

- Broad spectrum Dewormer\*
- Heartworm Prevention\*
- Flea/Tick Control\*

\* Price, type of product and availability varies.  
Please ask what is available at clinic for current information.

Organization Admin fee: \$ \_\_\_\_\_

### Vaccination and Identification:

- Rabies \$8.00
- FVRCP \$11.00
- Leukemia \$18.00
- Microchip \$25.00

### Labwork:

- Junior Wellness Profile \$65 (Outside Lab)
- Senior Wellness Profile \$125 (Outside Lab)
- FeLV/FIV Test \$30.00
- Fecal Examination \$20.00-35.00
- Pre-Anesthesia Bloodwork \$55
- Buster Collar (E-Collar) \$10

### Additional Services requested or recommended: \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, surgical and anesthetic procedure including infection and death. I also understand that no guarantee of successful treatment can be made. If my cat is in need of post-surgical care, I may contact the Rascal Animal Hospital in Dublin for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: \_\_\_\_\_

### *For Clinic Use Only (do not write below this line)*

Pre-op exam: Wt(lbs): \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_



Surgery Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT CHECK-IN INFORMATION

Please fill in all information as completely as possible to allow optimal care for your cat.

This form must be filled on the surgery day, not before

Owners Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Telephone number where we can reach you on day of surgery: (\_\_\_\_) \_\_\_\_\_

How long have you owned this cat? \_\_\_\_\_

Where did you obtain this cat? \_\_\_\_\_

Is your cat (check one): Indoor only      Outdoor Only      Indoor/Outdoor      Stray/Feral

Has your cat displayed any of the following in the last 2 weeks: (check if yes)

Sneezing \_\_\_\_      Coughing \_\_\_\_      Vomiting \_\_\_\_      Diarrhea \_\_\_\_

Has your cat ever had a seizure? Yes      No

If yes, explain: \_\_\_\_\_

Has your cat had any previous... (type yes or no):

...Illness? \_\_\_\_      If yes, please explain: \_\_\_\_\_

...Injuries? \_\_\_\_      If yes, please explain: \_\_\_\_\_

...Surgery? \_\_\_\_      If yes, please explain: \_\_\_\_\_

...Drug or vaccine **reaction**? \_\_\_\_      If yes, please explain: \_\_\_\_\_

Is your cat on any long-term medications? If so, list all \_\_\_\_\_

Has your cat been given any medications in the last month? If so, list type and why it was given  
\_\_\_\_\_

**IF** your cat is female:

When was her last heat cycle? \_\_\_\_\_      Unsure

Has she had any litters? If so, when was the last time? Yes \_\_\_\_\_      No

Is your cat pregnant? (check one)      Yes      No      Could be

Has your cat been treated or dipped for fleas/ticks in the last month? Yes      No

If yes, what product was used? \_\_\_\_\_

When was the last time your cat was FeLV/FIV tested? \_\_\_\_\_      Not tested      Unsure if has been

Is your cat on monthly heartworm prevention? Yes      No

If yes, what type? Heartguard      Interceptor      Revolution      Other: \_\_\_\_\_

When did your cat last eat? \_\_\_\_\_

How did you hear about RASCAL? \_\_\_\_\_

Do you have a regular veterinarian? Yes      No