

Cat's Name

Owner/Patient Information

Cat#

For office use

One form for each cat.

Alter-Ations Inc CATsNIP Clinic 97 Central Ave PO Box 104 Coon Valley WI 54623 608-606-3070 catsnipclinic.org DATE: _____

Name of Owner/Caretaker (for rabies cert) P R I N T	Phone #1 (must answer)	Phone #2
Co-Owner (if applies)	Phone #1	Phone #2
Address	City, State, Zip	
Name of Agent, if different	Phone (must answer)	
Surgical waiver signed by: ____ Owner/caretaker ____ Agent	Cat arrived in: ____ Carrier ____ Trap	If cat arrived in trap ____ Return to trap ____ Transfer to empty carrier
Cat's Gender: ____ Female ____ Male ____ Not sure If a female, has she had a litter already? YES NO	Coat length: ____ SH ____ MH ____ LH COLOR / MARKINGS:	CAUTIONS -- Cat is: ____ Tame ____ Not sure ____ Untouchable ____ Scared
How old are kittens?	Age of Cat _____	Cat lives: ____ Indoors ____ Outdoors
Microchipped? Yes No Don't know		

SERVICES REQUESTED: *** PLEASE CIRCLE YES, NO, OR ONLY IF FOUND FOR EACH OFFERED SERVICE			
YES	NO	Female cat spay – Companion Pet cat (includes rabies vaccination) Had rabies? Bring certif copy	\$110
YES	NO	Male cat neuter – Companion Pet cat (includes rabies vaccination) Had rabies? Bring certif. copy	\$110
YES	NO	Female cat spay – Feral/barn/colony cat (rabies vaccination and REQUIRED EARTIP) This is not for a cat you let outside part of the day. For cat who spends <u>whole life outdoors</u> .	\$ 60
YES	NO	Male cat neuter – Feral/barn/colony cat (rabies vaccination and REQUIRED EARTIP) This is not for a cat you let outside part of the day. For cat who spends <u>whole life outdoors</u> .	\$ 60
YES	NO	Distemper Vaccination FVRCP (Feline Viral Rhinotracheitis/Calicivirus/Panleukopenia)	\$ 10
YES	NO	Test for FIV/FelV (Feline Immunodeficiency Virus / Feline Leukemia)	\$ 30
YES	NO	Microchip I.D. with lifetime registration	\$ 30
YES	NO	E collar to prevent licking <u>or</u> Nail Trim (circle which one)	\$8 /\$5
YES	NO	2 days of take home Oral Pain Medication	\$ 10
YES	NO	ONLY IF FOUND Dewormer – Profender Topical for roundworm, hookworm, tapeworm	\$ 20
YES	NO	ONLY IF FOUND Ear Mite treatment	\$ 5
YES	NO	ONLY IF FOUND Flea/Tick Treatment	CATEGO or \$ 15
		Flea/Tick/Earmite/some intestinal parasites Treatment	SELARID \$ 20

ADD ON SERVICE AUTHORIZATION: For if there are any additional, recommended medical procedures such as hydration with fluids, antibiotic for infection, the removal of retained testicles, retained teeth removal, umbilical hernia repair, etc.

(MUST CHOOSE ONE) NOTE: In case of an emergency, the staff will do whatever is necessary for the well-being of your cat.

- Perform any necessary procedures, I give full consent.
- Perform any necessary procedures up to \$20, I give full consent.
- Perform any necessary procedures up to \$40, I give full consent.
- Do NOT perform any additional procedures without speaking with me first. I understand that this means my cat may need to be re-sedated at a later date to resolve the issue; more cost will be incurred. (You MUST answer your phone to choose this.)

Owner or Agent Sig _____ Date _____