# Feral Admission Form

**Trapper's First Name** | **Trapper's Last Name** | **Date**
---|---|---

**Caretaker's Name** | **Pet's Age** | **Breed / Color/Markings** | **Cat's Sex**
---|---|---|---

**Trapper/Caretaker Address**

**City** | **State** | **Zip**
---|---|---

**Primary Phone** | **Alternate Phone** | **Email Address**
---|---|---

**Feral Cats Receive a Mandatory Ear Tip and Rabies Vaccine with Surgery**

**Boarding Overnight?** Y N

**Trapping Address Including Zip Code:**

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**Please check off services below:**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feral Cat Spay/Neuter (includes rabies vaccine and ear tip)</td>
<td>$35</td>
</tr>
<tr>
<td>Feral Cat Vaccine Package</td>
<td>$35</td>
</tr>
<tr>
<td>FIV/FeLe SNAP Test; FVRCP; Feline Leukemia</td>
<td></td>
</tr>
<tr>
<td>Microchip</td>
<td>$15</td>
</tr>
<tr>
<td>Rabies Jefferson Parish Tag and License</td>
<td>$15</td>
</tr>
<tr>
<td>Rabies Orleans Parish Tag and License</td>
<td>$10</td>
</tr>
<tr>
<td>Feline Core Vaccine (FVRCP)</td>
<td>$10</td>
</tr>
<tr>
<td>Feline viral rhinotracheitis, calicivirus, panleukopenia</td>
<td></td>
</tr>
<tr>
<td>SNAP Test: FeLeuk, and FIV</td>
<td>$15</td>
</tr>
<tr>
<td>Feline Leukemia Vaccine (SNAP test required for vaccine)</td>
<td>$15</td>
</tr>
<tr>
<td>Recommended for outdoor cats</td>
<td></td>
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<tr>
<td>Single Dose Flea Treatment (during surgery)</td>
<td>$5</td>
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<tr>
<td>Ear Cleaning</td>
<td>$5</td>
</tr>
<tr>
<td>Bloodwork (Required for any pet 7 years and older)</td>
<td>$35</td>
</tr>
<tr>
<td>E-Collar</td>
<td>$8</td>
</tr>
<tr>
<td>Additional services or notes: Dewormer</td>
<td>$5</td>
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</tbody>
</table>

**To help other animals at the LA/SPCA, please donate today:** $ 

As a 501(c)3 charity, tax laws require us to notify you that this letter is the official acknowledgment of your gift. Our Federal Tax ID number is 72-0471368.

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**Office Use:**

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<tr>
<th>Weight</th>
<th>Exam Completed</th>
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<th>DSC and Reason</th>
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MEDICATIONS:

□ OHE (Spay)
□ Neuter
□ Already Altered
□ In Heat
□ Pregnant
□ Cryptorchid
□ Hemia Repair

KDT:___________mls IM
Pen-G:___________mls SQ
Metacam:___________mls SQ
Antisedan:___________mls IM
Other:

Dr.__________________________________________________

Noted Concerns:
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Vaccine/Microchip Stickers:

FeLvl Test Results (cats)          FIV Test Results (cats):
□ POSITIVE  □ Negative          □ POSITIVE  □ Negative

Station:     DT  Pre-Prep  Post-Prep  Recovery

Time:
HR:
Resp: Y/N
MM:
CRT:

Bloodwork__
Rabies__
FVRCP__
FeLeuk__
Snap Test__
Microchip__
Ear Cleaning__
Flea TX__
Nail Trim__
E-collar__

□ Scrotal
□ Prescrotal
□ Male
□ SQ
□ R or L
□ Abdominal
□ Inguinal
□ Unilateral
□ Bilateral
□ Umbilical

Recovery Temp

Time
Post-OP Temp
Feral Cat Spay/Neuter Consent Form

I authorize diagnostics and/or treatment up to $50 of any minor medical conditions found during physical exam, i.e. baby tooth removal, skin scrape, antibiotics, additional pain meds, deworming, etc.  

Yes □  No □

Sterilization surgeries and elective procedures are performed by qualified veterinarians using approved materials. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery and anesthesia. Carefully read and understand the following before signing your name.

AUTHORIZATION TO PERFORM SURGERY: I, acting as owner or agent of the animal, hereby request and authorize The Louisiana SPCA, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of this animal.

PREGNANCY: I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

RISK OF SURGERY: I understand that there is some risk in the procedure and in the use of anesthetics and drugs in providing this service. These risks include but are not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise and death.

FACTORS THAT INCREASE RISK: I understand that some factors significantly increase surgical risk, including but not limited to: age, pre-existing medical conditions, pregnancy, currently in heat and diseases such as FIV, Feline Leukemia and heartworms.

UMBILICAL HERNIA REPAIR: I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery.

EAR TIP/SHAVE TOE: I understand all feral cats will receive ear tip (surgically remove a small portion of the ear) at the time of surgery, and a toe may be shaved to place monitoring device during procedure.

VACCINATION STATUS: I certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to my choice not to vaccinate.

FRACIOUS AND/OR AGGRESSIVE PETS: I understand that if my animal is too fractious/aggressive to receive a pre-op physical exam, I authorize and consent to proceeding with spay/neuter without a pre-op physical exam. Due to the unpredictable nature of feral cats, they will receive a visual pre-op physical exam.

FAILURE TO PICK-UP ANIMAL: I understand that if I do not retrieve my pet at the agreed upon time that the LA/SPCA will exercise its right to turn the animal over to the nearest animal control agency and/or charge appropriate boarding fees.

RELEASE OF LIABILITY: I hereby release The Louisiana SPCA and all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure. I agree that I have not and will not claim any right of compensation from the LA/SPCA.

List Admission Form Numbers Below

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Print Your Name   Date

Signature