

Date:

ID No:



PURPLE CAT

Mobile Veterinary Clinic

Owner Name: _____ Phone # (today): _____

Address: _____ City: _____ State: _____ Zip: _____

Cat Name: _____ Circle: **MALE** **FEMALE**

Color: _____ Hair length (circle one): Short Medium Long Age (must be less than 7 years): _____

Owner initials required: I have read the before and after surgery instructions found on the website-initial here: _____

When was the last time your cat ate? *KITTENS MUST EAT MORNING OF SURGERY _____

Has your cat shown any signs of illness such as COUGHING/SNEEZING/VOMITING/DIARRHEA/CHANGE IN APPETITE?

If yes, please explain: _____

Is your pet on any medications or supplements? If yes, please explain: _____

Has your pet had any previous reactions to vaccines, medications, or anesthesia? Ever have a seizure? If yes, please explain: _____

Has your pet had any litters? If yes, how many? _____ When was the last litter? _____

How many distemper vaccines has your cat had? _____ When was the last vaccine? _____

Has your cat been Rabies vaccinated? _____ Given by a veterinarian? _____ Approx. date of last Rabies vaccine: _____

My cat's lifestyle is (circle one): Inside only Outdoor only Inside/Outside Feral Barn cat

Surgery Fees, please circle: \$95 pet female cat ADD \$20 if early pregnancy and add \$30 if late pregnancy

\$75 pet male cat

Updated

\$20 Rabies vaccine-must be 12 weeks or older and 2.8# to receive Rabies vaccine

July 2023

\$15 3-way/Distemper vaccine-can do at any age

Initial for EAR TIP

\$70 Farm/Feral/outdoor colony cat: includes required ear tip, Rabies (if 12 weeks) and 3-way vaccine

APPROVAL _____

\$20-\$30 ADDITIONAL FEE FOR PREGNANT CATS, \$20 any PREGNANCY AND \$30 LATE PREGNANCY

ANESTHESIA/SURGICAL RELEASE FORM

Purple Cat Mobile Veterinary Clinic uses qualified staff and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although low, is always present, just as it is for humans undergoing surgery. Please read the following and ensure you understand before signing your name:

- **I, acting as owner or agent** of the pet named above, hereby request and authorize Purple Cat Mobile Veterinary Clinic to surgically sterilize the animal named on the above portion of this form.
- **I understand** that the surgery I have elected presents some hazards, and that injury to, or death of, my animal may conceivably result, due to inherent surgical risks and the use of anesthetic drugs as required for this procedure.
- **I understand** my cat may be exposed to contagious diseases such as upper respiratory infection and fleas and these are preventable and Purple Cat recommends all cats be vaccinated at least 2 weeks prior and be currently on flea preventative for best health.
- **I certify that** my cat has either been vaccinated for Feline Herpes/Calici/Panleukopenia (3-way) within 1 year prior to this date or waive my right to protect my animal by having it vaccinated or request recommended vaccines at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal. I understand my cat may be exposed to cats with contagious upper respiratory infections and panleukopenia. 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 such failure. I understand that if my pet develops respiratory infection or other infectious disease after surgery, I am responsible for treatment at my own cost.
- **I certify that** my animal is in good health and IS 7 YEARS OF AGE OR LESS (TNR and farm cats excluded).
- **I understand** that Purple Cat Vet staff may not perform a complete physical exam prior to surgery and that my animal will not receive pre-anesthetic bloodwork and waive my right to have these services performed prior to surgery at a full-service veterinarian.
- **I understand** that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, respiratory infection, and diseases such as FIV, FeLV and FIP, Feline Panleukopenia.
- **I understand** that if my animal is pregnant, the pregnancy will be terminated at the time of surgery and that the primary goal of Purple Cat Vet is to prevent unwanted kittens from being born. I UNDERSTAND IT IS ADVISED NOT TO SPAY FEMALE CATS IN THIRD TRIMESTER PREGNANCY DUE TO HIGH COMPLICATION RISK WHICH MAY RESULT IN DEATH.
- **I understand** that if my pet is anesthetized for surgery but found to already be spayed and/or neutered or found to be cryptorchid (male whose testicles have not come down into scrotum) and surgery is cancelled (we do not typically perform cryptorchid surgery (there will be a \$35 sedated exam fee.
- **I hereby release Purple Cat Mobile Veterinary Clinic**, all veterinarians, assistants, volunteers & employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations and other treatments. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Purple Cat Mobile Veterinary Clinic harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseen events including fire, vandalism, burglary, extreme weather, natural disasters, and acts of God.
- I understand my animal will receive a small green tattoo on his/her underside to show that he/she has been sterilized.

DATE _____

SIGNATURE _____