

TEAM Mobile Feline Unit Surgical Sterilization and Vaccination Release



PLEASE PRINT CLEARLY

OWNER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE HOME/CELL _____ WORK _____ EMAIL _____

	A	B	C	D
CAT'S NAME				
SEX				
AGE				
COLOR				
CAN THIS CAT BE PICKED UP AND HELD ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR CAT BEEN TREATED FOR FLEAS/TICKS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, DO YOU WANT FRONTLINE? (\$7)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR TEAM USE ONLY P.E.				
PATIENT #				

I, being of legal age and responsible for the animal described on the attached form, give the staff and agents of TEAM consent to receive, transport, prescribe for, treat, vaccinate and perform sterilization surgery on this animal. It is understood that TEAM will not be held liable or responsible in any way and I assume all risks.

I understand that modern techniques and trained staff will be used to care for the animal, and that reasonable precautions will be used against injury, escape, death or destruction of the animal.

I consent to the administration of any anesthetics deemed proper by the veterinarian and understand that there is some risk in the use of these anesthetics and/or drugs. I consent to the administration of vaccinations, and understand that this can cause adverse reactions in some animals. If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, I give consent to the veterinarian to perform such procedure.

I understand that if, in the opinion of the veterinarian, the animal is an acceptable surgical candidate, sterilization will be performed regardless of the animal's sex or medical condition (including pregnancy).

I understand that the veterinarian can refuse to perform any procedure on any animal for any reason. I understand that I am to call TEAM if I have questions/concerns about the animal after surgery and that TEAM is not liable or responsible for expenses incurred for the treatment of this animal by another veterinarian.

I understand that feral animals MUST be presented to TEAM in a humane trap and will be identified by a permanent ear notch or "tip."

I understand that the animal must be picked up from the TEAM Mobile Feline Unit by 4:00 PM the same day as surgery, and that a late fee of \$25 per 30 minute interval will be charged. If I do not claim the animal in 24 hours, it will be considered abandoned and disposed of in accordance with TEAM policy, at my expense.

Could you give \$1 to help spay or neuter homeless cats?



OWNER'S SIGNATURE _____ DATE _____

*Payment in cash or money order only.