

### Caretaker Information:

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please Note:

- All cats will be ear-tipped and all cats over 12 weeks of age will receive rabies vaccinations at the time of surgery, no exceptions.
- If a veterinarian determines a cat is too sick for surgery, surgery will not be performed, and the cat will be humanely euthanized. **Initials** \_\_\_\_\_

### Services Requested:

- PRCC vaccine (\$5.00)       Flea/tick prevention (\$5.00)       Ear mite treatment (\$5.00)
- Tapeworm treatment (\$5.00)       Antibiotic injection-per DVM discretion (\$15.00)
- Spay/Neuter, Rabies vaccine, and ear tip (\$20.00)

### Cat Information:

Nearest Intersection & Zip Code Where Found: \_\_\_\_\_

Caretaker Name: (if different from above) \_\_\_\_\_

I grant permission to Columbus Humane to perform surgery, vaccination, ear-tipping and other services as deemed advisable by the veterinary services staff. Students under supervision may participate in these procedures as part of their educational experience. Medical information will be shared with Columbus Humane staff, students, and visiting clinicians who are involved with this animal's care. I understand that any surgery including general anesthesia involves risk and that injury/death may occur as a result. I agree to ensure that all cats returning from surgery to the location from which they were removed are provided with food, water, shelter and necessary care on a regular basis. I agree that I will completely release and forever discharge Columbus Humane, its administrators, personal representatives, and agents of any and all claims that may be asserted in the future regarding this animal.

\_\_\_\_\_  
Signature of Caregiver / Organization Representative

\_\_\_\_\_  
Date

### CH Staff Use Only:

Animal Name: \_\_\_\_\_ PetPoint ID#: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment Received \$ \_\_\_\_\_