



Altered Tails Barnhart Clinic TNR Program Surgery Form

Date:	Phone #:	Alt Phone #:
Name of Caretaker:	Name of person providing transport:	
Address:	City:	Zip:

Cat Description:

TRAP #: _____	Sex: <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Male	Coat Length: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
Color (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/> Grey/Blue <input type="checkbox"/> Cream <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Other: _____		
Pattern: <input type="checkbox"/> Tabby striped <input type="checkbox"/> Calico/Tortoiseshell <input type="checkbox"/> Siamese Pointed <input type="checkbox"/> Other: _____		Total # of traps brought today:

Sterilization \$25.00 *(All cats now receive pain injections)*

Your cat will receive a small tattoo mark on his/her underside to show that he/she has been sterilized

A late fee of \$30.00 will be assessed for animals picked up after 5:00 p.m. Client Initial: _____

Please select any additional optional services that you would like today:

Rabies Vaccine \$17
 FVRCP Vaccine \$19
 FeLV Vaccine \$19

I understand my animal will be given general anesthesia and there is a risk associated with anesthesia. If in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, I consent to these procedures and agree to pay the additional costs. I, being of legal age and responsible for the cat(s) described above, give my consent to receive, transport, prescribe for, treat, and perform services on the above-named cat.

X

Signature of caretaker or responsible party	Date
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For clinic use only

Analgesia _____ cc Metacam 5 mg/mL SQ _____ cc Buprenorphine 0.3 mg/mL SQ IM <input type="checkbox"/> Given Init: _____	Induction Est Weight: _____ lbs. _____ cc Telazol 100 mg/mL IM Time: _____ Initials: _____
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Ear Tip	Scanned	Time	Pulse	Resp	Initials	Recovery:		MM	Initials
						Normal	AB		
FVRCP Vx									
FeLV Vx									
Rabies Vx									

<input type="checkbox"/> Heat <input type="checkbox"/> Pregnant Fetus # _____	NOTES: <input type="checkbox"/> "Unable to conduct examination prior to anesthesia/sedation."	<input type="checkbox"/> Karo syrup given PO _____ S: O: A: P:
<input type="checkbox"/> "Unable to conduct examination prior to anesthesia/sedation."		_____ Doctor's Signature