

NORTHERN MICHIGAN

MASH

LOW COST SPAY/NEUTER CLINIC

1 Cat, Inc.
PO Box 1208
Traverse City, MI 49685-1208
231-883-2959

Name _____

Home Phone _____ Work Phone _____

Street Address _____ Email _____

City _____ State _____ Zip _____

Pet's Name _____ Sex _____ Age _____ Color _____

Has your pet been pregnant in the last six months? _____ Is your pet still nursing? _____ When did she last nurse? _____

Date of your pet's last vaccinations _____ Is your pet living inside, outside, or both? _____

Please list any health problems your pet has _____

Can you pick up and hold your cat? Yes _____ No _____

When did your cat last have food? Today _____ Yesterday _____ (Complete day of clinic)

Please check the services you wish to be performed for the above mentioned pet:

- | | | | |
|----------------------------------|------|--|------|
| _____ Female Cat Spay | \$65 | _____ Flea Treatment (Advantage) | \$10 |
| _____ Male Cat Neuter | \$30 | _____ Tape Worm Treatment | \$10 |
| _____ 1 Year Rabies Vaccine* | \$15 | _____ General Wormer | \$ 5 |
| _____ FVRCP (Distemper) | \$15 | _____ Earmite Treatment | \$ 5 |
| _____ Microchip | \$15 | _____ Nail Trim | \$ 5 |
| _____ Treat only if problem seen | | * Must be 12 weeks old to receive rabies vaccine. | |

Total Amount Due \$ _____

CONSENT FOR SURGERY

I request surgery for my pet. I understand that spaying or neutering will permanently prevent my pet from breeding.

I understand that this surgery requires general anesthesia. There are risks associated with anesthesia, including the risk of death of the patient. The following conditions may increase this risk:

NOT CURRENT ON VACCINATIONS

OLD AGE (OVER 5 YEARS)

UNDIAGNOSED DISEASE (LUNG, LIVER, KIDNEYS, ETC.)

NOT ON HEARTWORM PREVENTION

I understand that I, the owner, am responsible for assuring that my pet is healthy at the time of surgery. A recent exam by a veterinarian is recommended. I understand that 1 Cat, Inc./MASH veterinarians DO NOT perform a complete exam.

I understand that my pet may not be completely recovered from anesthesia when I pick it up. I will be given a list of instructions for the care of my pet following surgery. If I have problems, I will call 1 Cat, Inc./MASH for assistance.

I certify that I am the owner or authorized agent of the owner of the above named pet. I agree to hold harmless 1 Cat, Inc./dba Northern Michigan MASH and any/all of their employees/agents.

I authorize the veterinary procedures checked above, and any other procedures that may be deemed necessary and proper by the attending veterinarian.

Signature

Date