

ID #.....

Animal Friends Foundation



Surgical Form

.....
(print your name)

.....
(print cats name)

...../...../.....
Month Day Year

Please Note: It is extremely important to neatly print the codes in the column of questions below. Accuracy - will help insure that the proper procedures and treatments will be performed on your feline friend.

Cat Color(s)

IDENTIFICATION # (Please leave this line blank for AFF use)

Male / Female Please print **"M"** for Male or **"F"** for Female.

Ear-tip Do you want your cats' ear tipped?

If yes print **"tip"** if no, please leave blank.

Rabies vaccine Do you want your cat vaccinated for Rabies?

If yes print **"R"** if no, please leave blank.

Distemper vaccine Do you want your cat vaccinated for Distemper?

If yes print **"D"** if no please leave blank.

Ear treatment Do you authorize treatment for ear mites?

If yes, print **"E"** if no, please leave blank.

(A nominal fee is charged for this service)

Treatment Do you authorize treatment for other illnesses i.e, flea infestation, infection, worms, etc?

If yes, print **"O.K."** If no, please leave blank.

(A nominal fee is charged for this service)

***General disposition, if known? Friendly Feral other**

Does your cat have health problems?

AFF Comments

Total Amount Due \$.....

Removed from crate *intl.*

Additional medications:

Returned to crate *intl.*

.....

Anesthesia dosage *intl.*

.....

Time Anesthesia was administered

