ID #.....

Animal Friends Foundation Surgical Form

..../...../.....

(***print your name***) (***print cats name***) Today's Date 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 Clinic use)

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

Ear-tip ..... Do you want your cats' ear tipped? No additional charge
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, see below)

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 these services, see below)

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

Does your cat have health problems? .....

AFF/Clinic Comments .....

Total Amount Due to AFF for Surgery $.....(Cash/Check)

<u>Price List for Additional Services</u>

Pregnancy $10 Leukemia/HIV (Combo) Test $35
Cryptorchid(Undescended Testicle) $20 Convenia (Antibiotic) $20
Ivermectin (for ear mites), Drontol, Strongid, Depo, Baytril, and Vetalog $10 each
Follow-up Distemper or Rabies Booster $10
Advantage/Frontline Flea Treatments $15

Total Amount Due at pick-up to Animal Clinic of Millville

for additional services$.....(Cash or Credit Card, no checks please)

Revised 8/9/10