

Ear Tip Yes / No

AACMC SURGICAL RECORD

\_\_\_\_\_  
Last Name First Telephone No. Date

\_\_\_\_\_  
Street Address City State Zip Municipality

\_\_\_\_\_  
Pets Name Age Sex

\_\_\_\_\_  
Fee Coloring Long/Short Hair

**Do you want your cat to have a Rabies vaccination? Y / N Do you want your cat to have a Distemper vaccination? Y / N**

Any Health problems, explain? \_\_\_\_\_

**MEDICAL TREATMENT IS AT YOUR EXPENSE. IF THESE CONDITIONS ARE FOUND, DO YOU AUTHORIZE TREATMENT AT THE FOLLOWING FEES? IF SO CIRCLE TREATMENT AUTHORIZED. ALL IF NEEDED - FLEA TREATMENT \$15 EAR MITES \$10 EYE INFECTION \$10 ANTIBIOTIC \$20 ANY OTHER MEDS WE WILL CALL YOU FOR AUTHORIZATION.**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Circle one: Friendly Caution Feral

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