



..... Date.....  
(Legibly print cats name.)

**Identification #** ..... *(please leave this line blank for AFF use.)*

**Cats' Gender** ..... Please print "M" for Male or "F" for Female

**Eartip** ..... Do you want cats' ear tipped? If yes print "tip" in the blank.

**Rabies Vaccine** ..... Do you want your cat vaccinated for Rabies? If yes print an "R" in blank.

**Distemper Vaccine** ..... Do you want your cat vaccinated for Distemper? If yes print "D" in the blank.

**Ear Treatment** ..... If any ear mites are discovered, do you authorize treatment? If yes, please print "E" for ear treatment in the blank.

**Treatment** ..... Please write "O.K." if you authorize treatments for illness, antibiotics, flea infestation, worms, etc; if no please leave blank.

\* General disposition, if known? **Friendly Feral Other**.....

\*\*\*Does your cat have any known health problems? Explain any special concerns\*\*\*  
.....  
.....



**For AFF use:** Total amount due: \$.....

**Comments**.....  
.....  
.....



\*\*\**Time Anesthesia was administered*.....

*Removed from crate* ..... *intl.*      *Additional medications*.....  
*Returned to crate* ..... *intl.*      .....  
*Anesthesia dosage* ..... *intl.*      .....