



**Louisiana SPCA Community Clinic**  
 1700 Mardi Gras Blvd. New Orleans, LA 70114  
 Phone (504) 363-1333, E-mail [info@la-sPCA.org](mailto:info@la-sPCA.org)

## FERAL ADMISSION FORM

TRAPPER'S FIRST NAME		TRAPPER'S LAST NAME		DATE	
CARETAKER'S NAME	CAT'S AGE	BREED / COLOR/ MARKINGS:		CAT'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS OF TRAPPER/CARETAKER		CITY	STATE	ZIP	
PRIMARY PHONE	ALTERNATE PHONE	E-MAIL ADDRESS			
<b>Feral cats will receive mandatory ear tip and rabies vaccine with surgery</b>					<b>Boarding Overnight? Y N</b>
TRAPPING ADDRESS INCLUDING ZIP CODE:					

**Please check off services below:**

**Fees:**

Office Use Only

- |  |          |                          |   |
|--|----------|--------------------------|---|
| • Feral Cat Spay or Neuter (must arrive in trap)   | \$25     | <input type="checkbox"/> |   |
| • Cat Vaccination Package<br>Includes FeLeuk, FIV and Heartworm tests; FVRCP; Rabies vaccine                         | \$43     | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Deluxe Cat Vaccination Package<br>Everything included in the Cat Vaccination Package, plus Feline Leukemia vaccine | \$53     | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Microchip  | \$15     | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
|  |          |                          |   |
| • Feline Vaccine (FVRCP)   | \$10     | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • SNAP Test: Feline Leukemia, FIV and Heartworm test   | \$20     | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Feline Leukemia Vaccine (SNAP test required for vaccine)   | \$15     | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Single Dose Flea Treatment (during surgery)  | \$5      | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Nail Trim  | \$5      | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Ear Cleaning (includes single dose of topical ear mite treatment)  | \$7      | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |
| • Other medications, services or products:   | \$ _____ | <input type="checkbox"/> | <input style="width: 80px; height: 20px;" type="text"/> |

• **To help other animals at the LA/SPCA, please donate today:** \$ \_\_\_\_\_

As a 501(c)3 charity, tax laws require us to notify you that this letter is the official acknowledgment of your gift. Our Federal Tax ID number is 72-0471368.

OFFICE USE:

WEIGHT	LEAD AGENCY	DSC AND REASON	TOTAL
TEMP	ANIMAL ID	PAID BY <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> OTHER _____	RECEIVED BY



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TRAPPER'S FIRST NAME		TRAPPER'S LAST NAME		DATE
CARETAKER'S NAME	CAT'S AGE	BREED / COLOR/ MARKINGS		PET'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS OF TRAPPER/CARE TAKER		CITY	STATE	ZIP
PRIMARY PHONE	ALTERNATE PHONE	E-MAIL ADDRESS		
<b>Feral cats will receive mandatory ear tip and rabies vaccine with surgery</b>				<b>Boarding Overnight? Y N</b>
TRAPPING ADDRESS INCLUDING ZIP CODE:				

MEDICATIONS:

KDT: \_\_\_\_\_ ml IM

Pen-G: \_\_\_\_\_ ml SQ

Metacam: \_\_\_\_\_ ml SQ

Antisedan: \_\_\_\_\_ ml IM

Ear Tip

Other:

- OHE (Spay)
- Neuter       Prescrotal     Scrotal
- Already Altered     Female       Male
- In Heat
- Pregnant      x \_\_\_\_\_     Lactating
- Cryptorchid       Inguinal     Abdominal     SQ
- Hernia Repair       Inguinal     Umbilical

Noted Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dr. \_\_\_\_\_

Vaccine/Microchip Stickers:

Heartworm Test Results:      FeLv Test Results:      FIV Test Results:

POSITIVE    Below Detectable Limits    POSITIVE    Negative       POSITIVE    Negative

WEIGHT	LEAD AGENCY	DSC AND REASON	TOTAL
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## Spay/Neuter Questionnaire & Consent Form

Did your pet eat this morning? **Yes**  **No**  Has your pet ever received vaccines? **Yes**  **No**   
How long have you had your pet? \_\_\_\_\_ Where did you get your pet? \_\_\_\_\_  
Any history of reactions to any vaccines or other medications in the past? **Yes**  **No**   
If yes, explain \_\_\_\_\_  
Has your pet received any **flea prevention** or **heartworm prevention** within the last 30 days? **Yes**  **No**   
If yes, what was given and when? \_\_\_\_\_  
Has your pet been on **any other medications** in the last 30 days? **Yes**  **No**   
If yes, what was given and when? \_\_\_\_\_  
Has your pet been injured, had surgery or a pre-existing medical condition? **Yes**  **No**   
If yes, explain \_\_\_\_\_  
I authorize diagnostics and/or treatment up to \$25 of any minor medical conditions found during physical exam, i.e. baby tooth removal, skin scrape, antibiotics, additional pain meds, deworming, etc. **Yes**  **No**

### **Female Cats Only**

What was the date of your pet's last heat? \_\_\_\_\_ What was the date of your pet's last pregnancy? \_\_\_\_\_

Sterilization surgeries and elective procedures are performed by qualified veterinarians using approved materials. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery and anesthesia. Carefully read and understand the following before signing your name.

**AUTHORIZATION TO PERFORM SURGERY:** I, acting as owner or agent of the animal, hereby request and authorize The Louisiana SPCA, through whomever veterinarians-they may designate, to perform an operation for sexual sterilization of this animal.

**PREGNANCY:** I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

**RISK OF SURGERY:** I understand that there is some risk in the procedure and in the use of anesthetics and drugs in providing this service. These risks include but are not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise and death.

**FACTORS THAT INCREASE RISK:** I understand that some factors significantly increase surgical risk, including but not limited to: age, preexisting medical conditions, pregnancy, currently in heat and diseases such as FIV, Feline Leukemia and heartworms.

**UMBILICAL HERNIA REPAIR:** I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery.

**TATTOO/SHAVED TOE:** I understand that my animal will receive a small tattoo, near the incision site, to show that he/she is sterilized. Feral cats will receive ear tip in place of tattoo. Toe may be shaved to place monitoring device on CATS during procedure.

**VACCINATION STATUS:** I certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to my choice not to vaccinate.

**FAILURE TO PICK-UP ANIMAL:** I understand that if I do not retrieve my pet at the agreed upon time that the LA/SPCA will exercise its right to turn the animal over to the nearest animal control agency and/or charge appropriate boarding fees.

**RELEASE OF LIABILITY:** I hereby release The Louisiana SPCA and all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure. I agree that I have not and will not claim any right of compensation from the LA/SPCA.

Owner/Agent Printed Name \_\_\_\_\_ Owner/Agent Signature \_\_\_\_\_



## FIV/FeLV/HW test Consent

***(Select an option ONLY if your cat is being tested)***

1 in 20 cats will test positive for Feline Immunodeficiency Virus (FIV), Feline Leukemia Virus (FeLV), or Feline Heartworm Disease. **All 3 infections are life threatening for felines.** FeLV infections can be spread by casual contact among cats (such as mutual grooming, sharing bowls, etc). FeLV and FIV can be transmitted by fighting, biting and mating. There is no cure for FIV or FeLV; however, if negative there is a FeLV vaccine available.

Heartworms are spread by mosquitos and even indoor cats are at risk. Heartworm disease is virtually 100% preventable through the use of monthly heartworm preventives. Heartworm disease is NOT contagious but there is no treatment for cats at this time.

I, acting as owner and/or agent of the cat named below, hereby request and authorize the LA/SPCA to perform FIV/FeLV/HW testing. In the event of a **POSITIVE** test result, I select and authorize the following option to be carried out by the LA/SPCA staff:

**If my cat is positive for FIV:**

- Perform spay/neuter \_\_\_\_\_
- DO NOT spay/neuter, return the cat unaltered \_\_\_\_\_
- Humanely euthanize pet \_\_\_\_\_

**If my cat is positive for Heartworms:**

- Perform spay/neuter \_\_\_\_\_
- DO NOT spay/neuter, return the cat unaltered \_\_\_\_\_
- Humanely euthanize pet \_\_\_\_\_

**If my cat is positive for FeLV:**

- Perform spay/neuter \_\_\_\_\_
- DO NOT spay/neuter, return the cat unaltered \_\_\_\_\_
- Humanely euthanize pet \_\_\_\_\_

**If my cat is positive for any of the above:**

- Perform spay/neuter \_\_\_\_\_
- DO NOT spay/neuter, return the cat unaltered \_\_\_\_\_
- Humanely euthanize pet \_\_\_\_\_

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Owner/Agent Printed Name \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_