



Louisiana SPCA Community Clinic
 1700 Mardi Gras Blvd. New Orleans, LA 70114
 (504) 363-1333 CommunityClinic@la-sPCA.org

Feral # _____

FERAL ADMISSION FORM

Trapper Full Name	Trapper Contact Number	Trapper E-Mail
Caretaker Full Name	Caretaker Contact Number	
Trapping Address	Trapping Parish	Trapping Zip Code
Breed/Color/Markings	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

FELINE SERVICES (INITIAL EACH LINE NEEDED)

<p>_____ FERAL CAT SPAY/NEUTER \$35 (INCLUDES 1 YEAR RABIES VACCINE AND EAR TIP)</p> <p>_____ POST-OP BLOODWORK \$45 (RECOMMENDED FOR ALL, UNABLE TO OBTAIN PRE-OP BLOODWORK ON FERAL CATS)</p> <p>_____ FERAL CAT VACCINATION PACKAGE \$35 (SNAP TRIPLE TEST, FVCRP**, & LEUKEMIA** VACCINE)</p> <p>_____ FVRCP VACCINE \$10 ** (FELINE VIRAL RHINOTRACHEITIS, CALCIVIRUS, PANLEUKOPENIA)</p> <p>_____ FELINE LEUKEMIA VACCINE \$20 ** (SNAP TEST REQUIRED TO RECEIVE, RECOMMENDED OUTDOOR CATS)</p> <p>_____ FELINE TRIPLE SNAP TEST \$20 (TESTS FOR FELINE LEUKEMIA VIRUS, FIV, HEARTWORMS)</p> <p><small>** REQUIRES A BOOSTER VACCINE IN 3-4 WEEKS IF FIRST TIME RECEIVING</small></p>	<p>_____ CAPSTAR® \$10 (SINGLE DOSE ADULT FLEA TREATMENT) (MONTHLY FLEA PREVENTION STILL NEEDS TO BE PURCHASED)</p> <p>_____ MICROCHIP \$15</p> <p>_____ SINGLE DOSE TOPICAL FLEA PREVENTION \$18</p> <p>_____ SUBCUTANEOUS FLUIDS \$15</p> <p>RABIES TAG OPTIONAL (CHECK YOUR PARISH)</p> <p> <input type="checkbox"/> ORLEANS \$10 <input type="checkbox"/> JEFFERSON \$15 <input type="checkbox"/> ST. BERNARD \$5 <input type="checkbox"/> PLAQUEMINES \$10 <input type="checkbox"/> OTHER PARISHES MAY PURCHASE AN OPTIONAL ORLEANS TAG \$10 </p> <p>TO HELP OTHER ANIMALS AT THE LA/SPCA, PLEASE DONATE TODAY: <input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other \$ _____</p> <p>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.</p>
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Are there any additional concerns requesting to be addressed? No Yes***

***By checking yes, you are agreeing to authorize diagnostics and/or treatment up to \$75 of any minor medical conditions found during the requested physical exam

Please describe the concern in detail here:

DSC AND REASON	TOTAL	PAID BY <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CREDIT	RECEIVED BY
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Spay/Neuter Consent for Feral Cats

Sterilization surgeries and other 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 for consent below.***

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. The sterilization procedure will proceed regardless of the sex of the animal.

EMERGENCY SITUATION: If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the cat to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me.

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 incision 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, pre-existing medical conditions, cancer, pregnancy, currently in heat and diseases such as the immune suppressive FIV, Feline Leukemia, and life-threatening Heartworm Disease.

FRACTIOUS AND/OR AGGRESSIVE PETS: I understand that a feral or outdoor cat is too fractious/aggressive to receive a pre-op physical exam, I authorize and consent to proceeding with spay/neuter without a pre-op physical exam.

EAR TIP/RABIES VACCINE/PREGNANCY: Feral cats will receive a mandatory ear tip and 1 year Rabies vaccine with surgery. I understand that if the cat is pregnant, the pregnancy will be terminated at surgery.

VACCINATION STATUS: I waive my right to protect my animal by having it vaccinated prior to surgery. 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. I understand that it takes up to two (2) weeks for vaccinations to protect the animal and waive my right to protect the animal by having it vaccinated at least two weeks prior to surgery.

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 (\$20 per night).

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. I understand & agree that the Louisiana SPCA shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the animal &/or any vaccinations to be given to the animal, & I hereby hold the Louisiana SPCA harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the animal becomes ill. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Louisiana SPCA shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & LOUISIANA SPCA, & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

TRAPPER/CARETAKER Printed Name _____

TRAPPER/CARETAKER Signature _____

Date _____