# OUT OF PARISH FELINE ADMISSION FORM

<table>
<thead>
<tr>
<th>OWNER'S FIRST NAME</th>
<th>OWNER'S LAST NAME</th>
<th>DATE</th>
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<thead>
<tr>
<th>PET'S NAME</th>
<th>PET'S AGE</th>
<th>BREED / COLOR</th>
<th>PET'S SEX</th>
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<td></td>
<td>□ MALE □ FEMALE</td>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<thead>
<tr>
<th>PRIMARY PHONE</th>
<th>ALTERNATE PHONE</th>
<th>EMAIL ADDRESS</th>
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**Please check off services below:**

- **Spay or Neuter** ....................................................................................................................... (DSC $____ ) $45 □
  - Includes Exam, SNAP Triple Test; FVRCP; Rabies vaccine, license and tag

- **Basic Cat Vaccination Package** .......................................................................................... $43 □
  - Includes Exam, SNAP Triple Test; FVRCP; Rabies vaccine, license and tag

- **Deluxe Cat Vaccine Package** ............................................................................................... $53 □
  - Includes Exam, SNAP Triple Test; FVRCP; Feline Leukemia; Rabies vaccine, license and tag

- **Microchip** .......................................................................................................................... $15 □

- **Rabies Vaccination, No tag or license** ............................................................................... $20 □

- **SNAP Triple Test: FeLeuk, FIV, and Heartworm Test** ......................................................... $20 □

- **Feline Core Vaccine (FVRCP)** ............................................................................................. $10 □
  - Feline viral rhinotracheitis, calicivirus, panleukopenia

- **Feline Leukemia Vaccine (SNAP test required for vaccine)** ............................................... $15 □
  - Recommended for outdoor cats

- **Single Dose Flea Treatment (during surgery)** ................................................................. $5 □

- **Nail Trim** .......................................................................................................................... $5 □

- **Ear Cleaning** ..................................................................................................................... $7 □

- **Pre-Op Bloodwork (Required for any pet 7 years and older)** ........................................ $33 □

- **E-Collar** ........................................................................................................................... $5 □

- **Additional services or notes:** _____________________________________________________________ $____ □

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To help other animals at the LA/SPCA, please donate today:

- □$5  - □$10  - □$20  - □Other $________

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:**

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>EXAM COMPLETED □ DECLINED □</th>
<th>DSC AND REASON</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMP</td>
<td>ANIMAL ID</td>
<td>PAID BY □ CASH □ CHECK #________ □ OTHER ________</td>
<td>RECEIVED BY</td>
</tr>
</tbody>
</table>
**Patient Name & Age**

**Weight** ________________

**Sedation Time** ________________

**MEDICATIONS:**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Amount/Type</th>
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<tbody>
<tr>
<td>KDT</td>
<td>___________ mls IM</td>
</tr>
<tr>
<td>Pen-G</td>
<td>___________ mls SQ</td>
</tr>
<tr>
<td>Metacam</td>
<td>___________ mls SQ</td>
</tr>
<tr>
<td>Antisedan</td>
<td>___________ mls IM</td>
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<tr>
<td>Other</td>
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**Dr.** ________________________________________________

**Noted Concerns:**

______________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

**Vaccine/Microchip Stickers:**

**Heartworm Test Results:**

☐ POSITIVE  ☐ Below Detectable Limits

**FeLV Test Results (cats):**

☐ POSITIVE  ☐ Negative

**FIV Test Results (cats):**

☐ POSITIVE  ☐ Negative

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<tr>
<th>Station</th>
<th>DT</th>
<th>Pre-Prep</th>
<th>Post-Prep</th>
<th>Recovery</th>
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<tbody>
<tr>
<td>Time</td>
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<td>HR</td>
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<tr>
<td>Resp: Y/N</td>
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<td>MM</td>
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Spay/Neuter Questionnaire & Consent Form

Did your pet eat this morning?  Yes □ No □

How long have you had your pet? ____________________

Has your pet ever received vaccines?  Yes □ No □

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 **flea prevention** and/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** was it given? ____________________

Has your pet been injured, had surgery, have a pre-existing medical condition?  Yes □ No □

If yes please explain ____________________

I authorize diagnostics and/or treatment up to $50 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, pre-existing 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/IV CATHETER**: 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. IV catheter may be placed to administer IV fluids.

**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.

**FRACIOUS AND/OR AGGRESSIVE PETS**: I understand that if my animal 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

**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.

________________________________________  _____________________
Patient (Pet) Name  Owner/Agent Printed Name

________________________________________  _____________________
Date  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 __________________________