

Feral ☒ Transport Program \_\_\_\_\_



First Coast No More Homeless Pets • 904.425.0005

**COMMUNITY CAT SERVICE ACCEPTANCE FORM**

Date of Surgery

Client Account Number

Admit Date:

Your First Name

Your Last Name

Your Pet's Name

Pet's Age or DOB

Your Address

City

State

Zip

☒ Cat ☐ Dog

☐ Male ☐ Female

Has your pet had a litter? ☐ Yes ☐ No

Was your pet a stray? ☐ Yes ☐ No

Pet's Breed

Pet's Color

Does your pet have any medical conditions? Is your pet currently on any medications?

PROVIDE THE EXACT ADDRESS WHERE THE FERAL CAT COLONY IS LOCATED

City

State

Zip

Best number where you can be reached TODAY!

☐ Cell ☐ Home ☐ Other:

Email Address

Cell: ( )

Home: ( )

**COMMUNITY CAT PACKAGE INCLUDES THE FOLLOWING:**

☒ Spay/Neuter Surgery ☒ Rabies Vaccine ☒ Cat Distemper/FVRCP ☒ Earmite treatment (if needed) ☒ Ear Tip

**ELECTIVE CAT SERVICES: Please select any additional services you want today:**

☐ Wound/Medical Care: Please describe concern:

Price Varies:

You will be called with a quote once cat is examined

☐ Convenia Injection if needed (antibiotic for wound care)

\$25 - \$40 (depends on weight)

☐ Deworming - Profender

\$14.04 - \$19.88 (depends on weight)

☐ Cheristin / or other topical Flea Treatment – Applied Today

\$12

☐ Revolution Plus (depending on weight)

\$20 (kitten)  
\$20 - \$24 (adult)

☐ FELV Vaccine

\$18

☐ Take Home Pain Medication

\$10

☐ Would you like to leave a donation to help us continue to save lives through our mission? We appreciate your support!

\$ \_\_\_\_\_

☐ FIV/FELV Test

\$28



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## CLIENT INFORMATION FORM

Your First Name

Your Last Name

Your Pet's Name

Pet's Age or DOB

Your Address

City

State

Zip

☒ Cat ☐ Dog

☐ Male ☐ Female

Has your pet had a litter? ☐ Yes ☐ No

Was your pet a stray? ☐ Yes ☐ No

Pet's Breed

Pet's Color

Does your pet have any medical conditions? Is your pet currently on any medications?

Address

City

State

Zip

Best number where you can be reached TODAY!

☐ Cell ☐ Home ☐ Other:

Email Address

Cell: ( )

Home: ( )

**Please see reverse side for post-surgical care of your pet!**

**Please see our veterinary clinic to address the following concerns about your pet:**

- ☐ Overweight ☐ Underweight ☐ Ear Concerns ☐ Skin Abnormalities ☐ Tapeworms ☐ Fleas ☐ Ticks  
☐ Dental Concerns ☐ Ear mites treated with ivermectin - **needs follow-up in 2 weeks**

### Medication Dispensed

☐ Buprenorphine 0.3mg/ml, 0.5ml disp: Give \_\_\_\_ ml under tongue or in food 2 times daily for pain - Start Tonight!

☐ Other: \_\_\_\_\_

☐ Spay ☐ Lactating ☐ Pregnant ☐ In Heat (Keep away from males for 14 days)

☐ Pyometra

☐ Neuter ☐ Cryptorchid (undescended testicle(s); your pet has two incisions)

☐ Already Spayed. Verified by: ☐ Scar (typical of previous spay incision) ☐ Tattoo ☐ Exploratory

☐ Already Neutered (no testicles in scrotum or if male cat - no spines)

Table
Vet
Weight lbs.
Juvenile (<5 mos) <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ ml Acepromazine 10mg/ml SQ IM

\_\_\_\_ ml DKT IM

\_\_\_\_ ml Butorphanol 10mg/ml IM

\_\_\_\_ ml Euthasol IV IC IF

\_\_\_\_ ml Hydromorphone 2mg/ml SQ IM

\_\_\_\_ ml Atipamazole IM

\_\_\_\_ ml Medetomidine 1mg/ml IM

\_\_\_\_ ml Pen G SQ

\_\_\_\_ ml Telazol IV 100mg/ml

\_\_\_\_ ml Buprenorphine 0.3mg/ml SQ IM

\_\_\_\_ ml Propofol IV 10mg/ml

\_\_\_\_ ml Convenia SQ 80mg/ml

\_\_\_\_ ml Meloxicam 5mg/ml SQ

\_\_\_\_ ml SQ Fluids

\_\_\_\_ IV Fluids @ \_\_\_\_ ml/hr

\_\_\_\_ ml Cefazolin IV

### OFFICE USE ONLY

☐ Spay ☐ Neuter

☒ Ear Tip (ferals/outdoor pets only)

☐ Ivermectin Inj \_\_\_\_ ml ☐ Hernia Repair

☒ Rabies ☒ 1yr ☐ 3yr  
☐ too young for rabies

☒ FVRCP ☒ Primary  
☐ FeLV ☐ Primary

☐ Wound Care: \_\_\_\_\_  
☐ Convenia

☐ Profender

☐ Take Home Pain Medication

☐ Please Check: \_\_\_\_\_

☐ Cheristin ☐ Revolution

☐ FELV/FIV Test ☐ - Neg ☐ FELV + Pos ☐ FIV + Pos

☐ Misc. Surgery: \_\_\_\_\_

Checked in by: \_\_\_\_\_ # \_\_\_\_\_ of \_\_\_\_\_ Paid: \_\_\_\_\_ Method: \_\_\_\_\_



FIRST COAST NO MORE HOMELESS PETS | 904.425.0005

By bringing cats here today for sterilization, you have helped lessen the burden of cat overpopulation and we thank you. Your cat(s) was given an injectable anesthetic for today's surgery. Full recovery may take up to 24 hours. Since our clinic is not staffed 24 hours a day, we ask that the caretakers monitor the cat overnight to provide the best possible care to the cats.

## FERAL CAT DISCHARGE AND RECOVERY INFORMATION

Please Read the Following Carefully:

- Please keep the cat in the trap until the morning after surgery. This provides protection and security. Covering the trap may also help keep the cat calm. If you can elevate the trap (by using a brick or something sturdy on each end to keep the trap a few inches off the ground), this will allow any urine or feces to go through the trap onto the ground and will keep the cat clean and dry. We would recommend that you place newspaper or plastic underneath the trap to catch any waste.
- Many cats will be groggy and need to sleep, do not disturb the cat by reaching into the trap as they may over react and bite! **DO NOT** try to handle the cat (this includes putting pain meds in the mouth), no matter how asleep the animal appears. They may startle quickly resulting in injury to the cat or a bite.
- The cat will be hungry after surgery, please offer food and water once you get the cat settled in. Canned food is best because it gives the cat good nutrition and keeps him hydrated. You can add some water to the canned food to moisten it up. It is best to put the canned food on a paper plate and only open the trap enough to slide the paper plate into the trap. Be careful that the cat doesn't dart out of the trap.
- Keep the cat in the trap in a comfortable area until the next morning. Cats are susceptible to heat and cold while recovering and should remain in a climate controlled area (if it's cold outside, the cat will not be able to stay warm).
- NORMAL behaviors that occur during recovery include deep sleep, head bobbing, wobbly movements, fast breathing and shivering. These behaviors should resolve by the next morning. NO cat should be released while still showing these signs.
- ABNORMAL behaviors during recovery include continued bleeding from the surgery site. A small amount of bleeding from the left ear tip is normal and should stop by the next morning.

If you have any concerns about the recovery of the cat during normal business hours please call 904.425-0005.

**RELEASING THE CAT** – The cat may be released back into their habitat the morning after surgery. If the cat doesn't appear to be fully awake or is bleeding, please call 904.425.0005 before releasing the cat from the trap.



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## MEDICAL RECORD FORM

Your First Name

Your Last Name

Your Pet's Name

Pet's Age or DOB

Your Address

City

State

Zip

☒ Cat ☐ Dog

☐ Male ☐ Female

Has your pet had a litter? ☐ Yes ☐ No

Was your pet a stray? ☐ Yes ☐ No

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☐ Other: \_\_\_\_\_

☐ Spay ☐ Lactating ☐ Pregnant ☐ In Heat Preg # \_\_\_\_ @ \_\_\_\_ ☐ Hydrometra ☐ Pyometra

☐ Neuter ☐ Cryptorchid ☐ Inguinal ☐ Abdominal ☐ L ☐ R ☐ Fatty ☐ Friable/Postpartum

☐ Already Spayed. Verified by: ☐ Scar (typical of previous spay incision) ☐ Tattoo ☐ Exploratory

☐ Already Neutered

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## COMMUNITY CAT SERVICE CONSENT FORM

### ANESTHESIA/SURGERY CONSENT FORM

First Coast No More Homeless Pets uses qualified staffing and approved materials for all procedures performed. 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. Carefully read and understand the following before signing your name:

I, acting as owner or agent of the pet named below, hereby request and authorize First Coast No More Homeless Pets, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named below, and/or anesthesia plus the procedure described on estimate.

I understand that anesthesia, surgery, vaccination and other therapeutic or diagnostic procedures may involve risk of complication, injury or even death, from both known and unknown causes.

I either certify that my animal is current on his/her vaccinations, or waive my right to protect my animal by having it vaccinated prior to hospitalization, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal from infectious disease.

I understand the risks of failing to maintain current vaccinations and understand that my pet may be exposed to animals who are carrying infectious diseases. Our hospital policy is to HIGHLY RECOMMEND full vaccination prior to hospitalization. ☒ \_\_\_\_\_

I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.

I understand that some conditions increase surgical risk, including, but not limited to, obesity, pregnancy, heat, and Feline Immunodeficiency Virus (FIV), Feline Leukemia, and Heartworm and Tick-borne diseases.

Today's pre-anesthetic exam will be limited to confirming that your pet is in the lower risk category for anesthesia and/or surgery. Complete health assessment including pre-anesthetic blood work, fecal testing, heartworm testing, FeLV/ FIV testing is available in the FCNMHP Veterinary Clinic, but must be done prior to hospitalization. Today's selected services will be performed after sedation in most cases.

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

Flea infestations may be treated with Capstar, at an additional cost of \$5, to minimize exposure to other animals. I understand that if I don't retrieve my pet at the agreed upon time, I shall be charged a boarding fee of no less than \$10 per night. If I do not retrieve my feral at the agreed upon time and fail to communicate with staff, FCNMHP will consider the cat abandoned at the facility and will move forward with whatever action is deemed to be in the best interest for the feral feline including rehoming or releasing at the address provided on this form.

I hereby release the First Coast No More Homeless Pets, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse complications. I agree that I have not and will not claim any right of compensation from them. Owner/ agent hereby agrees to indemnify and hold First Coast No More Homeless Pets harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

**YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

Caretaker Signature \_\_\_\_\_ Date \_\_\_\_\_ Cat's Name \_\_\_\_\_

## COMMUNITY CAT CAGE CARD

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

NAME OF CAT: \_\_\_\_\_

COLOR: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

### OFFICE USE ONLY

DATE ARRIVED: \_\_\_\_\_

ADMITTED BY: \_\_\_\_\_

### HISTORY:

When was cat trapped? ☐ Today ☐ Yesterday ☐ Other: \_\_\_\_\_

How long have you been caring for this cat? ☐ Just Trapped ☐ < Week ☐ < Month ☐ > Month

Any medical conditions or health concerns? ☐ Coughing ☐ Sneezing ☐ Vomiting ☐ Diarrhea ☐ None

**Does this cat have any known medical conditions or health concerns that we should check out while cat is sedated?**

☐ No ☐ Yes – Explain:

\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

### PE NOTES:

### CLIENT COMMUNICATION:

### SX NOTES:

### PLAN: