



Trap ID: _____

Feral Cat Program: Surgical Consent Form

Please complete one form for each cat and present at the time of admission for surgery.
For the safety of the animal and staff, feral cats need to come in traps, not cat carriers.
We reserve the right to refuse services if the animal is not properly contained.

Date: _____ Your Name: _____

Your Address: _____ City: _____ State: **NY** Zip: _____

Phone number: _____ Email Address: _____

INFORMATION ABOUT CAT

Cat's Name: _____

Hair Length Short Medium Long

Approximate Age (if known): _____

Color: (List main color, then 2nd most, and remaining) _____

Town or Location Where Cat Was Trapped: _____

SPAY/NEUTER SERVICE

The above described cat will undergo a spay/neuter operation which requires the use of anesthesia. I have read the consent statement and agree to the terms. The following are included in this service: Rabies vaccination, ear cleaning, and Ear-tipping (amputating tip of left ear to indicate that cat has been spayed or neutered; this is required).

By signing below, you signify that you have read, understand and agree to all terms listed in consent statement (back of application), and that the above cat is a feral/stray/abandoned cat, and is **NOT A PET CAT**.

Signature X _____

Date _____

Clinic Use Only – Do Not Write Below This Line

This is to certify that the above mentioned cat has received the following treatments/surgeries at the Hornell Humane Society on the date above. HAHS DOES NOT FELV/FIV test any cat and is not a full service veterinary hospital.

The following treatments/surgeries have been performed:

- Physical Exam
- Spayed
- Neutered
- Left Ear Tipped for identification
- Rabies vaccinated
- Revolution or Frontline Treatment (Fleas, Ticks, Ear Mites, Intestinal Parasites, Heartworm Prevention)
- Subcutaneous fluids _____

- Already spayed/neutered as identified via
 - Scar or tattoo noted
 - Ear tip
 - Abdominal exploratory
- Cryptorchid – undescended testicle(s)

Animal's weight (lbs):

TKX Volume:

Comments: _____

Veterinarian _____ DVM

Amount Paid



Hornell Area Humane Society
7649 Industrial Park Road
Hornell, NY 14843
Phone: 607-324-1270

I, being of legal age and acting as the owner or agent for the animal described, hereby request and authorize the veterinarians, and volunteers of the Hornell Humane Society to receive, transport, house and perform sterilization, examination, vaccination and all other procedures, treatments, or surgeries deemed necessary. I agree to pay a pre-determined amount per cat, before the above mentioned procedures are performed. I give consent to and hereby release all parties mentioned above from any and all claims for any adverse events which may include injury, illness, escape of animal, or death. I assume all risks involved and agree that I will not claim any right of compensation from them, or file action against them for any reason. Furthermore, I release all parties mentioned above from any liability for any injuries, illness, or damages which I may incur or cause while trapping, transporting, handling, releasing or caring for the animal.

I consent to the administration of any anesthetic drugs, vaccines, or other medications deemed necessary by the veterinarians of HAHS, understand that there is risk involved in the use of such products, realize that adverse reactions may occur in some animals, and injury or death may result. I understand that the animal will not receive a physical examination before anesthesia and I assume the risks that are involved with anesthetizing under these circumstances. I understand that some circumstances significantly increase surgical risk, including but not limited to pregnancy, heat, and certain diseases. I realize that if this animal is pregnant, the pregnancy will be terminated at the time of sterilization.

To the best of my knowledge, this cat is not owned by anyone and I attest that reasonable notice of trapping was provided where it was trapped, including a plea for owned cats to be kept indoors while trapping occurred. I either own the property upon which the cat was trapped or have obtained permission from the property owner for me to humanely trap the cat. For statistical purposes, any information that I submit today may be shared with other animal welfare groups. **This cat will be ear tipped for identification purposes.** Without first contacting me, a veterinarian may euthanize a cat if he/she believes that a medical condition causes it to be inhumane for the cat to return to a feral lifestyle or if the cat bites a staff member or volunteer; it will be humanely euthanized and tested for rabies. I agree to follow all discharge instructions and provide adequate food, water, shelter and veterinary care for this cat in the future. Relocation of the cat is not recommended.