



FERAL SURGICAL ADMISSION FORM

OWNER REGISTRATION

Owner's Last Name: _____ Owner's First Name: _____

Street Address: _____ Apt/Unit # _____ City: _____

County you reside in: _____ State: _____ Zipcode: _____

Phone #: _____ Preferred contact method: Phone Email

Owner's Email: _____ Would you like to receive our E-Newsletter? **Y or N**

@gmail.com @yahoo.com @comcast.net @sbcglobal.net @aol.com @hotmail.com *If not listed, please write on line above.*

How did you learn about our clinic? Google Website Friend Other: _____

PET REGISTRATION

Pets Name: _____ Circle: Male or Female

Age Estimate: _____ Circle hair length: Short Medium Long Color: _____

I would like to donate to Spay Illinois! My donation is \$ _____

Please read the following:

I am requesting spay/neuter service from Spay Illinois and declare that I care for the cat listed above and represent the authorized caretaker. I understand that no physical examination or pre operative bloodwork will be completed prior to performance of surgery. I understand that some factors significantly increase surgical risk, including pregnancy, heat, and diseases like Feline Leukemia. I understand that the aforementioned cat will receive an ear tip after being spayed or neutered to easily identify the sterilization status. In the event a pet has already been spayed or neutered, there will be added fees. If our veterinarian prescribes Convenia, additional charges will apply. I hereby authorize the surgical sterilization of the aforementioned animal. To my knowledge, the animal listed above is in good health. I further acknowledge the both pre and post surgical care is my responsibility. I am at least 18 years of age and have authority to execute this consent for the above animal. I authorize the use of anesthetics deemed advisable by Spay Illinois and all surgical/therapeutic procedures necessary. I understand that risks are associated with anesthesia and surgery and have the ability to discuss my concerns. My signature indicates that I understand additional charges may apply in certain circumstances. I agree to indemnify and hold harmless Spay Illinois and the attending veterinarians and staff from liability arising from the authorized procedures.

Caretaker Signature: _____ Date: _____