

# Animal Rescue, Inc. Medical/Surgical Consent Form

Notes:

Spay/Neuter \_\_\_\_

Rabies \_\_\_\_

Distemper \_\_\_\_

Flea Treat. \_\_\_\_

Worm Treat. \_\_\_\_

Ear Tip\* \_\_\_\_

\*If you wish for this cat to be ear tipped, please initial the line above at your appointment to show that you understand what eartipping involves.

Guardian \_\_\_\_\_

Address (No PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Animal's Name \_\_\_\_\_ Breed (DSH, DLH) \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Address where animal was found? \_\_\_\_\_

If you don't know the address, was it MD, PA, or other? \_\_\_\_\_

1. What time did your cat last eat? \_\_\_\_\_ am/pm
2. Does this cat have a current rabies vaccine (must show proof): Yes No
3. Is this cat kept: Indoors Outdoors Both
4. Is this cat in heat? Yes No Unsure
5. Has this cat nursed kittens in the last ten days? Yes No Unsure
6. Would you like a free rabies tag? Yes No

Date: \_\_\_\_\_ Payment By: \_\_\_\_\_ Cost: \_\_\_\_\_

*I am the Guardian or Guardian's authorized agent of this animal and give permission to medically/surgically treat and/or surgically sterilize him/her. In the event of injury or death to this animal, I waive all claims for damages against Animal Rescue, Inc., any veterinarian and any of the officers or employees of these corporate entities. I also understand that I must pick up my pet on the day(s) indicated by Animal Rescue, Inc. personnel. and failure to pick up within seven (7) days will be construed as abandonment which is punishable by a fine up to \$1,000.00. The animal will then be considered available for adoption. In addition to any fines, I will also pay a fee of \$20 per day if my pet is not picked up on the day and time that is designated by Animal Rescue, Inc. personnel.*

\_\_\_\_\_  
Animal Rescue, Inc. Witness\_\_\_\_\_  
Guardian