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Spay/Neuter Clinic Intake & Consent Form - FELINE

Owner's Name: _____ Clinic Date: _____

Owner's Telephone#: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's Email: _____

Cat#1 Name: _____ Age: _____ Sex: Male _____ Female _____

Breed (Circle one): DSH / DMH / DLH Color/Description: _____

Requested Services (check all that apply)

<input type="checkbox"/>	Neuter (male) includes PureVax rabies vaccine and dose of pain medication	\$80
<input type="checkbox"/>	Spay (female) includes PureVax rabies vaccine and dose of pain medication	\$105
<input type="checkbox"/>	FVRCP (Distemper vaccine) 2 nd booster required in 3-4 weeks	\$14
<input type="checkbox"/>	Praziquantel Dewormer (treats tapeworms)	\$12
<input type="checkbox"/>	Pyrantel Dewormer (treats roundworms – not needed with Selamectin/Revolution Plus)	\$4
<input type="checkbox"/>	Microchip implantation (owner is responsible for microchip registration)	\$38
<input type="checkbox"/>	Selamectin (generic Revolution) (30-day preventative for fleas/ear mites/internal parasites)	\$18
<input type="checkbox"/>	Revolution Plus (30-day preventative for fleas/ticks/ear mites/internal parasites)	\$23
<input type="checkbox"/>	Capstar (kills adult fleas) - administered at clinic if fleas found on animal	\$9
<input type="checkbox"/>	FIV/FelV Test (tests for Feline Infectious Anemia and Feline Leukemia Virus)	\$24
<input type="checkbox"/>	Pet Taxi (cardboard pet carrier)	\$9

OFFICE USE ONLY

Weight	lbs	MC# _____	NOTES: FIV/FelV: ____/____
TTDex	mL IM	Scanned, No MC <input type="checkbox"/>	
Meloxicam	mL SQ	PureVax <input type="checkbox"/> FVRCP <input type="checkbox"/>	
Atipamezole	mL IM	Prazi _____ mL Pyrantel _____ mL	

Owner _____

Cat#2 Name: _____ Age: _____ Sex: Male _____ Female _____

Breed (Circle one): DSH / DMH / DLH Color/Description: _____

Requested Services (check all that apply)

	Neuter (male) includes PureVax rabies vaccine and dose of pain medication	\$80
	Spay (female) includes PureVax rabies vaccine and dose of pain medication	\$105
	FVRCP (Distemper vaccine) 2 nd booster required in 3-4 weeks	\$14
	Praziquantel Dewormer (treats tapeworms)	\$12
	Pyrantel Dewormer (treats roundworms – not needed with Selamectin/Revolution Plus)	\$4
	Microchip implantation (owner is responsible for microchip registration)	\$38
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Meloxicam	mL SQ	PureVax <input type="checkbox"/> FVRCP <input type="checkbox"/>	
Atipamezole	mL IM	Prazi _____ mL Pyrantel _____ mL	FIV/FelV: ____/____

Cat#3 Name: _____ Age: _____ Sex: Male _____ Female _____

Breed (Circle one): DSH / DMH / DLH Color/Description: _____

Requested Services (check all that apply)

	Neuter (male) includes PureVax rabies vaccine and dose of pain medication	\$80
	Spay (female) includes PureVax rabies vaccine and dose of pain medication	\$105
	FVRCP (Distemper vaccine) 2 nd booster required in 3-4 weeks	\$14
	Praziquantel Dewormer (treats tapeworms)	\$12
	Pyrantel Dewormer (treats roundworms – not needed with Selamectin/Revolution Plus)	\$4
	Microchip implantation (owner is responsible for microchip registration)	\$38
	Selamectin (generic Revolution) (30-day preventative for fleas/ear mites/internal parasites)	\$18
	Revolution Plus (30-day preventative for fleas/ticks/ear mites/internal parasites)	\$23
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Meloxicam	mL SQ	PureVax <input type="checkbox"/> FVRCP <input type="checkbox"/>	
Atipamezole	mL IM	Prazi _____ mL Pyrantel _____ mL	FIV/FelV: ____/____

Owner _____

Cat#4 Name: _____ Age: _____ Sex: Male _____ Female _____

Breed (Circle one): DSH / DMH / DLH Color/Description: _____

Requested Services (check all that apply)

	Neuter (male) includes PureVax rabies vaccine and dose of pain medication	\$80
	Spay (female) includes PureVax rabies vaccine and dose of pain medication	\$105
	FVRCP (Distemper vaccine) 2 nd booster required in 3-4 weeks	\$14
	Praziquantel Dewormer (treats tapeworms)	\$12
	Pyrantel Dewormer (treats roundworms – not needed with Selamectin/Revolution Plus)	\$4
	Microchip implantation (owner is responsible for microchip registration)	\$38
	Selamectin (generic Revolution) (30-day preventative for fleas/ear mites/internal parasites)	\$18
	Revolution Plus (30-day preventative for fleas/ticks/ear mites/internal parasites)	\$23
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	FIV/FelV Test (tests for Feline Infectious Anemia and Feline Leukemia Virus)	\$24
	Pet Taxi (cardboard pet carrier)	\$9

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Meloxicam	mL SQ	PureVax <input type="checkbox"/> FVRCP <input type="checkbox"/>	
Atipamezole	mL IM	Prazi _____ mL Pyrantel _____ mL	

Cat#5 Name: _____ Age: _____ Sex: Male _____ Female _____

Breed (Circle one): DSH / DMH / DLH Color/Description: _____

Requested Services (check all that apply)

	Neuter (male) includes PureVax rabies vaccine and dose of pain medication	\$80
	Spay (female) includes PureVax rabies vaccine and dose of pain medication	\$105
	FVRCP (Distemper vaccine) 2 nd booster required in 3-4 weeks	\$14
	Praziquantel Dewormer (treats tapeworms)	\$12
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	Microchip implantation (owner is responsible for microchip registration)	\$38
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Atipamezole	mL IM	Prazi _____ mL Pyrantel _____ mL	

Instructions

The night before surgery:

1. Take away any food by midnight Saturday night. Allow access to water.
2. Keep cats in a small room such as a bathroom overnight so they can be easily found and loaded into a carrier the morning of surgery.
3. Please have the consent forms printed and filled out prior to drop off. If you do not have access to a printer, please let us know ahead of time and we will have forms ready for you.
4. A rabies vaccine is required and will be administered at the time of surgery. If your cat has already received a rabies vaccine, proof of vaccination must be provided at drop off – proof of vaccination is defined as a signed rabies certificate.

The day of surgery:

1. **Do NOT** feed a meal the morning of surgery. Only allow access to water.
2. Cats should be placed in a secure carrier with a blanket or towel. Outdoor and/or feral cats can be brought in a live trap. ***One cat per carrier or trap please. If cats are not brought in a secure carrier or multiple cats are in the same carrier, individual carriers will be provided for each cat at the owner's expense (Pet Taxis = \$9).***
3. **Do NOT** bring your cat if he/she is showing any signs of illness. Please give us a call at 717-352-8584 to discuss and/or to reschedule.
4. You will be given a specific drop off time (typically between 7:15AM and 8:00AM). We ask that you stay in your vehicle when you arrive. We will meet you at the "STOP HERE" sign to go over paperwork, unload your cats(s) and receive payment. Payment for all requested services is required at the time of drop-off. ***Make checks payable to: THVS. Checks or cash are preferred but credit/debit cards are also accepted.***
5. **Drop off location:**
190 Plantation Road
Biglerville, PA 17307

We are the first driveway on the left after turning off of Shippensburg Road – there is a sign that says "TreeHorse Vet Services" hanging on the fence. Turn up that driveway and follow it up between the fences and almost to the house. Then turn right to follow the driveway down past the house and down the hill to the walk out basement (follow the orange/white "Pick Up / Drop Off" signs). Please stop in the driveway and we will meet you to retrieve your pet(s), review paperwork and receive payment. You will then continue to follow the driveway down to exit back to Plantation Road.

Owner _____

6. **Pick Up:** Cats go home the same day as surgery. You will receive a call or text to let you know what time your pet(s) will be ready to go home. *Please plan to be available by phone throughout the day if we would need to contact you for any reason.*
7. **Please Note:** Any cat that is found to have fleas at the time of surgery, will be treated with Capstar immediately at the owner's expense.
8. **If you are unable to bring your pet(s) on the scheduled day of surgery, please notify us as soon as possible. We have a wait list, so can fill a vacated slot if we are notified in time. Individuals that do not show for their confirmed appointment without prior notification, will not be allowed to schedule future appointments.**

I, _____, certify that I am the legal owner or duly authorized agent for the owner of the animal(s) described above, and do hereby authorize anesthesia/surgery for my pet(s).

I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I understand that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and staff will try to minimize such risks. I understand that my pet is undergoing an anesthetic procedure without receiving pre-operative bloodwork. I will not hold TreeHorse Veterinary Services, Inc., the veterinarians, or any staff members liable for any complications that may arise.

I understand that my pet, if a female, will receive a small, green tattoo in or near the incision site as an indication of being spayed.

I have read and understand this authorization and consent including the instructions above. I further understand that I assume financial responsibility for all services rendered. I understand that payment for all requested services is required at the time of drop-off.

My pet(s) was/were last treated for fleas, Date: _____ Product: _____

My pet(s) last ate, Date: _____ Time: _____

Signature _____ Date: _____