



Date: _____

Trap Number: _____

2022 Cobb Community Cat Program Covered - Surgery Consent Form

***** PLEASE PRINT LEGIBLY*****

Caregiver's Name: _____ TNR Group/Organization: _____

Caregiver's Email: _____ Caregiver's Phone: _____

TRAP ADDRESS: _____ City _____ Zip _____ COUNTY COBB

TNR Group Contact Number(s): _____

***** **PLEASE KEEP YOUR PHONE HANDY AS WE MAY NEED TO GET IN TOUCH WITH YOU!*******

Feline Name/ID: _____ Color/Markings: _____

Please list any known health concerns/issues/history: _____

The spay/neuter surgery is an elective procedure performed under the American Veterinary Medical Association's approved standards of practice. As with any surgical procedure, complications may arise during or after surgery, and may include (but not limited to) bleeding, infection, organ dysfunction, exacerbation of pre-existing conditions, and in rare cases, death. Risks increase with age and can vary greatly. Please carefully read the form before signing below.

- By signing this surgery consent form, I understand and agree to have the aforementioned animal surgically sterilized. I understand the risks mentioned above, and agree to have the surgery performed. I also understand that this cat will be returned to the address/location listed above, where it was trapped.
- I am taking financial responsibility for the surgery, as well as any necessary additional treatments or services, as well as any after-care necessary as a result of the surgery, unless a Grant covering the surgery costs is available. I do not hold Good Mews Animal Foundation (GMAF) or any of its Staff responsible for further medical care and financial costs incurred after surgery.
- I understand that since this cat is assumed to be feral, the Veterinarian will only perform a brief visual exam prior to surgery. Because a hands on exam will not be performed prior to sedation, there is the potential that pre-existing conditions may not be identified. This risk is necessary, however, for the safety of the staff and patient.
- I understand that the cat may be declined for surgery if the Veterinarian determines their surgical risks are too high and greater than the scope of care GMAF can provide. If after sedation the Veterinarian determines the cat has an injury or disease that would cause greater suffering to wake the cat up, I will be called and notified that euthanasia is recommended to prevent further suffering. If I do not answer the phone, and cannot be contacted within 10 minutes, I authorize the Veterinarian to euthanize the cat to prevent further suffering.
- I understand that the cat will be vaccinated for Rabies if deemed 12 weeks or older and FVRCP (included in surgery fee).
- I understand that if the cat is found to have fleas, a Capstar will be administered to prevent infestation of other cats and GMAF facility (included in sterilization package).
- I understand that if the cat is pregnant, surgery will terminate the pregnancy and there may be additional charges for time, suture and fluids, at the discretion of the Veterinarian.
- I understand that if the cat is placed under anesthesia and an abdominal scar is found during prep, the cat will not undergo surgery.
- I understand that the cat will receive an ear tip, and a small tattoo on the abdomen to show that he/she has been altered.
- I understand that I will receive post-surgical care instructions, and I assume full responsibility for providing post-surgical care of the cat. GMAF does not provide after-care for animals, and any complications that arise should be directed to my Veterinarian.
- I understand that over-the-counter human medications such as Tylenol, Motrin, Aspirin, Advil etc. are toxic to animals and can result in serious complications including death and should NEVER be given to pets. The cat will receive an injection to help with pain and inflammation lasting 24 hours.
- I understand that payment is required in full at the time of pick up.

****By signing below, I release Good Mews Animal Foundation Inc, the Veterinarians, Staff, Directors, Officers, Volunteers, and Location from any and all claims arising out of or in connection with the performance of the services requested. I agree that I have and will not claim any right of compensation from them relating to the performance of surgery, vaccines, or any post-operative complications. I agree to return the cat to the location it was trapped.

Responsible Party: _____ Responsible Party: _____ Date: _____

PLEASE PRINT

SIGNATURE

Good Mews Representative /Witness: _____ Date: _____

Date: _____

Trap Number: _____

Cobb Community Cat Program Covered - Surgery Cost Sheet

Caregiver / TNR Group: _____

Please CHECK by all services requested.

PLEASE NOTE, ONLY THE "TNR SURGICAL STERILIZATION" IS COVERED BY THE COMMUNITY CAT PROGRAM

	<u>SURGERY</u>	COST
✓	TNR Surgical Sterilization: Spay or Neuter (Includes Surgery with SQ fluids, Rabies vaccine if over 12 weeks, FVRCP vaccine, Ear Tip and Tattoo. Capstar given as needed.)	FREE
	TNR Donation: You are helping us save more lives through TNR!	\$
	<u>SERVICE/PRODUCT</u> - check items to be done for additional cost *** Self pay only - not covered by Grant***	COST
	Combo Test : FELV/FIV/Heartworm	\$30.00
	FELV Vaccine ** ONLY GIVEN IF COMBO TESTING IS DONE and result is NEGATIVE **	\$15.00
	Topical Flea/Tick Prevention: Revolution (30 day coverage / age<6 months) OR Bravecto (90 day coverage / age>6 months)	\$20.00
	Topical intestinal parasiticide: Profender (treats roundworms, hookworms, tapeworms)	\$20.00
	Parasite Package: Profender AND Revolution or Bravecto	\$30.00
	Misc:	\$
	Other approved Grant:	-\$

I understand that the above marked items are the estimated costs for the above mentioned cat, and I accept financial responsibility for these costs. I also understand that if additional treatments are required, they will be marked by the Good Mews Surgical Team and I will be financially responsible at the time of pick up.

Signature: _____ Date : _____