



DB# _____

_____ of _____

Clinic Date: _____

District: _____

Please complete highlighted areas

Caregiver: _____ Ph# _____ Sponsor: _____ DR: _____

Trapping Address: _____ Trapping Zip Code: _____ Feral/Stray (Circle One)

IMPORTANT TO COMPLETE: Trapper: _____

Pick Up Person Name _____ Phone# _____

OFFICE USE ONLY

Age: _____ Sex: M / F Breed: _____ Color: _____ In heat
Pregnant #of Fetus _____
Microchip: Y / N Felv/FIV _____ Lactating Age of Fetus _____
Wt: _____ / CC BUP _____ / CC TKX _____ / CC Telazol _____

Table with 6 columns: Time, % Isoflurane, % O2, Heart Rate, Resp Rate, MM/CRT

Notes: _____

Heaven Can Wait Animal Society-Caretaker Sign-Off

The cat(s) I am having trapped for spay/neuter surgery are free-roaming, homeless, un-owned feral or strays. I understand there is a risk associated with the surgery and anesthesia. Any cat too ill to survive will be humanely euthanized at the discretion of the veterinarian. I understand the right ear of the cat will be tipped. Furthermore, I understand it is my responsibility to make sure the cat(s) are fed after being released.

ALL FIELDS ARE REQUIRED

Caretaker Name/Printed _____

Telephone Number: _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Caretaker Signature _____

Date: _____