



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 _____

Microchip: Y / N Felv/FIV _____ Pregnant # of Fetus _____

Lactating Age of Fetus _____

Post Queening _____

Wt: _____ / CC BUP _____ / CC TKX _____ / CC Telazol _____

Time	% Isoflurane	% O2	Heart Rate	Resp Rate	MM/CRT

Notes: _____

Heaven Can Wait Animals Society- Caretaker Sign-Off

Initial ____ 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.

Initial ____ Any cat too ill to survive will be humanely euthanized at the discretion of the veterinarian.

Initial ____ I acknowledge that I must be available by phone for any time-sensitive medical inquiries. If I am unreachable, a decision will be made on my behalf.

Initial ____ 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 & I will follow the aftercare instructions which include recovering the cats in a temperature controlled area.

Initial ____ I understand that I'm required to pick up the cat(s) at the specified time. HCWS doesn't keep cats overnight. Failure to pick up my cat(s) on time will result in a \$75 late pick up fee.

ALL FIELDS ARE REQUIRED

Caretaker Name/Printed: _____

Telephone Number: _____

Address: _____ Apt #: _____

City: _____ State _____ Zip _____

Caretaker Signature _____ Date: _____