

DD#	#	of
DB#	π	OI

Clinic Date:				Distric	t:
Please complete high	lighted areas				
Caregiver:		<mark>Ph#</mark>	Sponsor:	DR:	
Trapping Address:			Trapping Zip Code:	Feral / Stray (Circle On	
IMPORTANT TO COMPLE	ETE: Trapper:				
Pick Up Person Name:		Phone # _	<u> </u>		
OFFICE USE ONLY			In heat		
Age: Sex: M / F	Breed: C	Color:	Pregnar	nt # of Fetus	_
Microchip: Y / N	Felv/FIV		Lactatin	g Age of Fetus _	
			Post Queening		
Wt:/CC	BUP/ CC TKX _	/ CC Te	elazol		
Time	% Isoflurane	% O2	Heart Rate	Resp Rate	MM/CRT
nitial I acknowledge	to survive will be humar	•	the discretion of the veterina		ble, a decision will be ma
	· ·	• • •	ermore, I understand it is my include recovering the cats in		· ,
nitial I understand that at(s) on time will result in	•	up the cat(s) at the	e specified time. HCWS doesn	't keep cats overnigl	ht. Failure to pick up my
		ALL FIELD	S ARE REQUIRED		
aretaker Name/Printed	:				
elephone Number:					
Address:			Apt #:		-
ity:		State	Zip		_
aretaker Signature			Date:		