



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

In heat

Age: \_\_\_\_\_ Sex: M / F Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pregnant  #of Fetus \_\_\_\_\_

Microchip: Y / N Felv/FIV \_\_\_\_\_

Lactating  Age of Fetus \_\_\_\_\_

Wt: \_\_\_\_\_ / CC BUP \_\_\_\_\_ / CC TKX \_\_\_\_\_ / CC Telazol \_\_\_\_\_

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: \_\_\_\_\_