Heaven Can Wait animal society

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/Heartworm_____ Lactating ☐ Age of Fetus ____

Post Queening _____

Wt: _____ Buprenorphine (0.6mg/ml) _____ / CC given I.M. T.K.X. _____/ CC given I.M.

Rabies & FVRCP given SQ Right eartip performed

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

NOTES (FOR STAFF ONLY):

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:_____