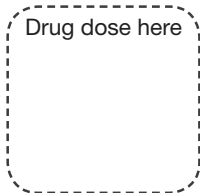




**COMMUNITY CAT PROGRAM**  
**Best Friends Animal Society Clinic**  
 Kanab, Utah 84741  
 Clinic: 435-644-2001 ext: 4210  
 Community Cat Program: 435-644-4469



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Cat Info**

Is this cat a: Pet  Shelter  Community Cat  Carrier or Trap# \_\_\_\_\_  
 Has this cat had any vaccinations? Yes  No  Unknown  Breed \_\_\_\_\_  
 If yes, what and when: Combo  Rabies  Date: \_\_\_\_\_ Color \_\_\_\_\_  
 Age \_\_\_\_\_

**Consent for Surgical Sterilization**

I hereby request and authorize Best Friends Animal Society through whomever veterinarians and assistants they may designate to perform an operation for the sterilization of the animal described on this admission form.

I understand that the operation presents some hazards and that injury to or death of such animal may conceivably result; for there is some risk in the procedure and the use of anesthetics and drugs used in providing this service.

I understand that Best Friends Animal Society has the right to refuse service to any animal to whom surgery is deemed a health risk.

I hereby release Best Friends Animal Society, the veterinarian, assistants and all of its officers, directors, employees and members of its staff from any and all claims arising out of or connected with the performance of this operation or procedure and/or any transport of the animal. I agree that I have not or will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization of such animal or any consequences related thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All cats will receive a small ear tip unless otherwise approved.

<b>MEDICAL USE ONLY</b>	
<div style="border: 1px dashed black; padding: 10px; width: fit-content; margin: 0 auto;">                     Vaccine stickers here                 </div>	<p><b>Vaccinations</b></p> <p>FVRCP (Combo) <input type="checkbox"/></p> <p>Rabies <input type="checkbox"/></p>
<p><b>Medical findings</b></p> <p>In Heat <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Cryptorchid <input type="checkbox"/> Already Fixed <input type="checkbox"/></p> <p>Not Done <input type="checkbox"/> Reason: _____</p> <p>Condition Noticed: _____</p> <p>Medications: _____</p> <p>Weight: _____</p> <p>Other: _____</p>	<p><b>Surgery performed</b></p> <p>Spay <input type="checkbox"/></p> <p>Neuter <input type="checkbox"/></p> <p>Weight: _____</p> <p>Ear tip: yes <input type="checkbox"/> no <input type="checkbox"/></p>