

**Feral Cat (TNR) Sterilization**

**Consent Form**

Please fill out **legibly & Completely** before returning to front desk

**Date of Sterilization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trapper Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trapper First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Feral cats must be in humane trap. **Only one cat per trap**. Number of cats accepted per day may vary based on available veterinary resources.

**Cat’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:**  M / F **Age** (Estimated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breed** (DSH / DMH / DLH, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_ **Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Color Pattern** (Calico, Dilute, Tabby, Tortoise Shell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Each feral cat will receive an ear notch** on one ear and females will also receive a tattoo near the surgical site

 I have taken the San Antonio Feral Cat Coalition TNR class

**Pricing:** Male Feral Package **($35.00)**

(Includes: Neuter, Rabies Vaccine, & Ear Notch)

Female Feral Package **($50.00)**

(Includes: Spay, Rabies Vaccine, & Ear Notch)

**Additional Services:**

FeLV Test **($15.00)** Results: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FVRCP Vaccine **($25.00)**

**Please read thoroughly and initial each item as acknowledgement below:**

*(If not initialed, at the performing veterinarian’s discretion, procedures and services may be refused.)*

1. \_\_\_\_\_\_\_\_\_ I, being of legal age and responsible for the animal described above, have the authority to grant the Animal Defense League (ADL) Hospital and its staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.
2. \_\_\_\_\_\_\_\_\_ **It is to my knowledge that this cat is truly feral and that I am claiming NO OWNERSHIP to this animal. I understand that if ADL deems this cat to be adoptable, I give them permission to intake the cat to be placed up for adoption.** (NOT OPTIONAL – MUST INITIAL)
3. \_\_\_\_\_\_\_\_\_ I understand that modern techniques and trained staff will be used to care for the cat and reasonable precautions will be used against injury, escape, or destruction of the cat. It is thoroughly understood that ADL, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.
4. \_\_\_\_\_\_\_\_\_ I understand that if a cat is showing signs of disease or has an injury impacting the quality of life once released, our Veterinarian may recommend humane euthanasia. If a condition is discovered which requires medical attention or an additional medical procedure such as hernia repair, the administration of IV fluids or any medication, the attending veterinarian may perform such procedure. **I CONSENT to these procedures and AGREE TO PAY additional charges, if any.**
5. \_\_\_\_\_\_\_\_\_ I further understand that as long as, in the opinion of the attending veterinarian, the cat is an acceptable surgical candidate, **sterilization procedures and an ear notch will be performed regardless of the animal’s sex or medical condition (including pregnancy**). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
6. \_\_\_\_\_\_\_\_\_ I understand that the cat will possibly be exposed to other animals and illnesses while in the hospital. I understand that in the event that this animal contracts an illness while here, I will be responsible for any and all medical treatment expenses incurred.
7. \_\_\_\_\_\_\_\_\_ I understand that by stating this cat is feral and accepting subsidized surgery fees, that I release Animal Defense League from all obligation of follow-up care related to surgery or any other medical condition.
8. \_\_\_\_\_\_\_\_\_ I also understand that all animals must be picked up from the clinic at the time designated by the clinic staff on the same day as surgery drop-off.
9. \_\_\_\_\_\_\_\_\_ **If the cat is in heat or pregnant, there is an additional charge of $25. Cryptorchidism is the failure of one or both testes to descend from the abdomen to the scrotum during fetal development. If the cat is cryptorchid, there is an additional charge of $25 to $50. I agree to pay the additional charge if the cat is found to be in heat, pregnant, or cryptorchid.**

**I, the undersigned, completely understand and agree with all of the above:**

**TRAPPER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Cat’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trapper’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-operative Feral Cat Care Instructions**

1. \_\_\_\_\_\_\_\_\_ Dissolvable sutures are placed under the skin making suture removal unnecessary and could take anywhere up to 6 months to dissolve.
2. \_\_\_\_\_\_\_\_\_ Following surgery, the patient(s) may seem a bit sleepy and off-balance. Cats should be kept in a relaxed and calm setting as they recover from surgery/anesthesia.
3. \_\_\_\_\_\_\_\_\_ The patient may cough over the next few days in reaction to having a tracheal tube inserted during surgery.
4. \_\_\_\_\_\_\_\_\_ If possible, patient should be provided with water and food inside trap/carrier overnight.
5. \_\_\_\_\_\_\_\_\_ For male cats, there are no sutures used; 2 slits are made over the scrotum. Most male cats fully recover the day after surgery.
6. \_\_\_\_\_\_\_\_\_ Male patients may have 1 or 2 incisions if cryptorchid (retained testicle). The testicle(s) will be removed from the closest location possible.
7. \_\_\_\_\_\_\_\_\_ As stated in the surgical consent form, please be aware that due to the fractious nature of feral cats, ADL veterinary staff is unable to safely handle or examine feral cats post operatively.
8. \_\_\_\_\_\_\_\_\_ All feral cats that are brought in for surgery will receive an ear notch on their left ear and a green tattoo near their surgery site to indicate the pet has been sterilized.
9. \_\_\_\_\_\_\_\_\_ Due to the inability to effectively manage the use of an e-collar, ADL will not issue one for feral animals therefore, ADL will not be responsible for any post-surgical concerns.

Please feel free to call the ADL hospital with any questions or concerns during regular business hours of 9 am to 5 pm Monday-Friday at 210-655-1481 ext. 104 or 112. Do not allow any concern to linger or last more than one day.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**