

Cat Surgery Drop-Off & Consent

CLIENT INFORMATION

Owner / authorized agent:		Primary phone:	
Address:			
City / State / ZIP:		Email:	
Authorized contact:		Phone:	

PATIENT INFORMATION

Cat name:	Breed:	Age:	Color:
Sex: ☐ Male ☐ Female	Altered: ☐ Yes ☐ No	Cat status: ☐ Owned ☐ TNR / Community Cat	Prior client: ☐ Yes ☐ No
Last meal — date: _____ Time: _____ ☐ a.m. ☐ p.m.		Health concerns today?	
Current medications (include dose and last time given):			

TODAY’S PROCEDURE AND REQUESTED SERVICES

Primary procedure: ☐ TNR / Community Cat ☐ Spay (Owned Cat) ☐ Neuter (Owned Cat) ☐ Other:	
☐ Ear notch and Rabies Vaccine (for TNR cats) ☐ Flea treatment (\$25-34) ☐ Dewormer (\$26-30) ☐ FeLV/FIV test (\$66)	
☐ Microchip (\$50) ☐ E-collar (cone) (\$_____) ☐ Rabies vaccine (\$35) ☐ FVRCP vaccine (\$35) ☐ FeLV vaccine (\$35)	
☐ Other:	

ACKNOWLEDGMENTS AND AUTHORIZATION

COMMUNITY CAT — COMPLETE ONLY IF CHECKED ABOVE. I acknowledge that anesthetizing and performing surgery on an animal with an unknown medical history carries increased risk of complications during induction, surgery, and recovery, up to and including death. Initials: _____ AUTHORIZATION. I certify I am the owner of the pet named above, or an authorized agent or caretaker with lawful authority to consent to veterinary care, and authorize the veterinary team to perform the listed procedures as medically appropriate. I understand all procedures carry inherent risks and outcomes cannot be guaranteed. This estimate reflects anticipated fees; additional or unforeseen care may be required, and charges may vary by up to 15%, excluding separately authorized CPR/emergency measures. A deposit equal to the low end of the estimate is due before services; the remaining balance is due in full at discharge. I understand my cat is expected to be picked up by 5:30 p.m. today. If my cat needs to stay longer, Bridge Veterinary Care will call me, and I will sign an additional hospitalization authorization. I am responsible for all additional charges. I understand that Bridge Veterinary Care may photograph my cat and use the photos on its website, social media, and promotional materials. Signature: _____
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OFFICE USE ONLY

Procedure(s):	Anesthesia: ☐ Routine ☐ Non-routine
E-collar size: Admitted by:	Fee: \$ _____ Paid: \$ _____
Payment: ☐ Cash ☐ Credit card ☐ Other:	