



SPARTA TNR INC. INTAKE FORM

(1 form per cat please print)

Clinic Date: _____

CONTACT INFORMATION

Owner/Caretaker/Transporter Name:	Phone:	Email:
-----------------------------------	--------	--------

Street Address:	City/State/Zip:
-----------------	-----------------

CAT INFORMATION

Cat Name:	Gender: M or F or Unsure	Colors/Pattern:
Age:	Hair Length:	Arriving in: Pet Carrier or Trap

SERVICES

FVRCP (Distemper) Vaccination.....Yes or No Rabies Vaccination.....Yes or No Ear Tip.....Yes or No Flea/Tick/Parasite Treatment.....Yes or No Clip Nails.....Yes or No Take home pain medication.....Yes or No Donation (optional)\$_____	Other Comments/Concerns/Instructions:
---	---------------------------------------

I hereby authorize the surgical sterilization of the aforementioned animal. To my knowledge, the above animal is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am at least 18 years of age and the owner of the above animal or am responsible for it and have the authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine necessary. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that I understand any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless Sparta TNR Inc, its volunteers, staff, and the attending veterinarians from and against any and all liability arising out of the performance of all procedures referred to above. By signing this document, I verify and completely understand and agree with the above:

Signature: _____ Date: _____