

Clinic Date:

Barn Cat Outreach
P.O. Box 11



Cat I.D. #

Springwater, NY 14560

www.barncatoutreachny.org

Owner/Caregiver Information:

First Name

Last Name

Address

City

Zip

County

Contact # (with Area Code)

Cat Information (if known):

Name:

Color:

Sex: Male

Female

Approx Age:

<1 yr

1-6 yrs

> 6 yrs

Breed: DSH

DLH

By signing below, you signify that you have read, understand and agree to all terms listed in consent statement, and that the above cat is a feral/stray/abandoned cat, and is **NOT** a PET CAT.

Signature **X**

Date

Clinic Use Only – Do Not Write Below This Line

This is to certify that the above mentioned cat has received the following treatments/surgeries at the Barn Cat Outreach clinic on the date above. Barn Cat Outreach DOES NOT leukemia/FIV test any cat and is not a full service veterinary hospital.

The following treatments/surgeries have been performed:

- Physical Exam
- Spayed or Neutered
- Left Ear Tipped for identification
- Rabies vaccinated
- Feline Distemper vaccinated (Feline rhinotracheitis, calicivirus, panleukopenia)
- Revolution treatment (fleas, ear mites, intestinal parasites, heartworm prevention)
- Subcutaneous fluids _____ ml
- Meloxicam injection _____ ml

 Already spayed/neutered as identified via

- Scar noted
- Abdominal exploratory

 Cryptorchid – undescended testicle(s)

Animal's weight (lbs):

TTDex Volume:

Comments: _____

Veterinarian _____

DVM

Initials

Paid