



  
**Wild Cat  
Wednesdays  
Feral Cat Program**

**Surgical Release Form**  
{CURRENTDATE[SHORT]}

Client ID:  
Client Name:  
Address:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:

Telephone:

Color:  
Markings:  
Birth Date:

**Today's Contact  
Number**

To be eligible for the "Wild Cat Wednesdays" feral cat program, **I understand reduced cost spay/neuter is available solely for wild/stray cats at the cost of \$69 per cat.**

**This cat has {EATENORNOTEATEN} on the day of surgery.**

I understand that since the surgery is being done at a lower cost, and certain options, such as pre-anesthetic blood work and take home pain medicine, will not be offered. I understand the risk that all animals face when undergoing anesthesia and will not hold the veterinarians and staff at SWTVMC liable should the cat not survive surgery or experience post-operative complications. Cats too ill for surgery may be rejected at the discretion of the veterinarian.



I understand that each cat must have approximately ¼ inch of its **left ear tipped** to mark it as "fixed". If necessary, I can choose to have a small tattoo placed on the ear as an alternative to tipping the ear.

**I wish to have a tattoo placed on the left ear to mark the cat as being spayed/neutered.**

**I wish to have the left ear tipped to mark the cat as being spayed/neutered.**

I understand that each cat will receive a **Rabies vaccination as required by law**. Rabies vaccinations are \$16.00 per cat.

I understand that I can elect to have a dose of Revolution Plus applied to each cat for the cost of \$32.00. Revolution Plus helps protect against fleas and helps with the treatment and control of hookworms, roundworms, and ear mites.

- I wish to have Revolution applied.**  
 **I DO NOT wish to have Revolution Plus applied.**

**I agree to pay all fees as set forth above and for additional medical treatment requested by me.**

**Client's Signature:**