



Dr. Beverly Stephenson Spay/Neuter Program

Thank you for making the decision to have your cat spayed/neutered! Here is some information you will need to know **prior** to your appointment.

- **TEXT 612-298-7634:**
 - Your full name with address (for rabies certificate)
 - Number of cats with ages (approximate), and gender (if known)
 - **Non-Refundable deposit is required to hold an appointment.**
 - Payment can be made via check, cash, Paypal, Venmo, or Cash App. All payment information is on our website: **www.FurballFarmCatSanctuary.com**
 - Please take food away the night before surgery. Water is okay.
 - Be sure to label your carrier. One cat per carrier – **HARD SIDED CARRIERS ONLY.**
 - Check In is 8:00am at **Furball Farm Cat Sanctuary**. If you will be late or need to cancel, **TEXT** immediately: **612-298-7634**
 - Please place printed form on top of the carrier. Make sure it is fully filled out.
 - Pick up time is between 3-5pm. You WILL **NOT** get a phone call.
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- **REMEMBER – ALL CATS WILL RECEIVE EAR CLIPS**

SURGERY LOCATION: Furball Farm Cat Sanctuary



3405 220th St. E, Faribault Mn, 55021



Furball Farm Feral Cat Wellness Center
3405 220th Street East
Faribault, Mn 55021

Dr. Beverly Stephenson Spay/Neuter Program

Owner's Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cat Name: _____ Circle: Male or Female

Color: _____ Hair Length (circle one): Short Medium Long

Age: _____ Email Address: _____

Please print clearly

Surgery requested **minimum** donation: (please check)

_____ \$160 Feline Spay/Neuter including Microchip, Rabies & Distemper, and Selarid (Flea/Ear Mite Treatment)
* \$135 if deposit was made

_____ \$20 Additional Oral Pain Medication (Administered at Home)

Anesthesia/Surgical Release Form – PRINT AND ATTACH TO YOUR HARD-SIDED CARRIER:

- I, acting as owner of the pet named above, hereby request and authorize this program to surgically sterilize the animal named on the above portion of this form.
- I understand that the surgery I have elected presents some hazards, and that injury to, or death of, my animal may conceivably result, due to inherent surgical risks and the use of anesthetic drugs as required for this procedure.
- I certify that my animal is in good health and IS LESS THAN 7 YEARS OF AGE (TNR/farm cats excluded).
- I understand that my cat will not receive pre-anesthetic blood work or a complete physical exam and waive my right to have these services performed.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, respiratory infection, and diseases such as FIV, FeLV and FIP.
- I understand that if my animal is pregnant, the pregnancy will be terminated at the time of surgery. If pregnancy is in 3rd trimester, surgery will be cancelled.
- I understand that if my pet is anesthetized for surgery but found to already be spayed/neutered, there will be a **\$35** sedated exam fee.
- I hereby release Furball Farm Cat Sanctuary, all veterinarians, assistants, volunteers & employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner hereby agrees to indemnify and hold Furball Farm Cat Sanctuary harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseen events including fire, vandalism, burglary, extreme weather, natural disasters, and acts of God.

Date _____ Signature _____

Furball Farm Feral Cat Wellness Center

