

Magazine Street Animal Clinic Feral Cat Admission

Please print this sheet, fill it out, and bring to the hospital at the time of your appointment.

Date admitted: _____ Owner/Foster: _____ Pet: _____

Treatment/Services: _____

Phone Numbers: Daytime _____ Evening: _____

In case of emergency whom can we call? _____ Phone _____

Requirements:

All animals must be FREE of fleas. (no exceptions). If live fleas are found, we will administer one of the following (**choose one**):

- Advantage – Topical application, quick acting, lasts 30 days. Cost \$10.00
- Frontline Plus – Topical application, quick acting, lasts 30 days. Cost \$11.50
- Flea Spray – Topical application, quick acting, lasts 48 hours. Cost \$4.00

**If none of the above is chosen, we will automatically apply the flea spray for \$4.00.

All animals will have the tip of his/her left ear trimmed to indicate to the public that the animal has been spayed/neutered. There will be no exceptions to this for feral cats.

As a service to the community, Magazine Street Animal Clinic will now be vaccinating all cats for rabies. This is included in the feral cat spay/neuter price at no additional cost to the client. We feel that no animal should reside in our community without this protection.

Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV) are extremely common in the feral cat population in New Orleans. For the protection of other cats in our community and possibly for the protection of your own pets, we **highly recommend testing feral cats prior to spay/neuter.** A simple blood test can tell us if one of these highly contagious, untreatable, and deadly diseases are present. In the event of a positive test, a receptionist or doctor will contact you. The cost of this test is **\$34.00**

- Please do a FeLV/FIV combo test on this cat.
- No, I do not want a FeLV/FIV combo test on this cat.

I understand the above conditions and agree to them. I am 18 years or older and have the authority to make decisions regarding this animal and take financial responsibility for the above treatments. I understand that payment is due at time of discharge.

Signature of responsible party: _____