

ANIMAL PROJECT COMMUNITY CAT SPAY/NEUTER ADMISSION

Appointment Date:

FORM

Animal ID#

Fields with a (*) are required

*Animal Name	Gende	Gender		Age			
Breed	Co	olor					
*Feeder's Full Name			*Day	time Phone			
*F	C:	H:					
*Feeder Address		*City					
Feeder's Email Address				*State	*ZipCode		
*Trapper's Full Name (if different than above)			*Trapper's Phone				
Trapper's Email Address							
Trappers Address, City, State, Zipcode							
VACCINES AND SERVICES							
Please select your desired services for the COMMUNITY CAT***	e anima	u 					
Feline Distemper Vaccine (FVRCP) - Incl	uded	☐ Flea Prevention (Frontline) - \$10		on (Frontline) - \$10			
Rabies Vaccine* - Included				uon (i ronumo) - \$\psi 10	will be ear tipped.		
Pain Medication -Included		□ Dewo	rmer		This is for the cat's safety and is not		
	☐ Hook/F			Round/General - \$5	optional.		
	□ Таре						
			□ Ear Mite Treatment - \$5				
FOR ALL ANIMALS**							
*Rabies vaccination is required without pr	oof of c	urrent rab	ies vac	ccination.			
☐ I have documentation that shows proof	of curre	ent rabies	vaccin	ation. (Please note that	a collar tag is not proof.)		
**All pets will receive a small tattoo in the abdominal area to indicate spay/neuter was performed.							
Additional charges will be added for anima	als that	are:□Pre	gnant -	\$20 □Postpartum-\$20	<mark>□In heat-\$20</mark>		
Did you know that LifeLine is a nonpr Every dollar helps the 27,000 animals of clinics each year. Thank you for helping t	who con	ne into oui	1 ? r ed!	How did you hear about	us? concerns for your animal?		
Yes! Please add the following to my bill today:				or you have any health	concerns for your animal:		
\$5\$10\$20Othe	er						

LifeLine Spay and Neuter Clinic • 2533 Sullivan Road • College Park, GA 30337 • 678.973.2881 • LifeLine Community Animal Center • 3180 Presidential Dr • Atlanta, GA 30340 • 404-292-8800 LifeLineAnimal.org

*Appointment Date	_	
*Animal Name	 	
*Feeder's Name		

LifeLine Animal Project uses qualified staffing and approved materials for all procedures performed. It is important to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

- I, acting as owner or agent of the pet named above, hereby request and authorize LifeLine Animal Project, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.
- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
- I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated prior to surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to the surgery.
- I understand that LifeLine Animal Project has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that LifeLine Animal Project may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive preoperative blood work and waive my right to have this service performed prior to surgery at a full-service veterinarian.
- I understand that some factors significantly increase surgical risk including but not limited to pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- I understand that I must retrieve my pet by the specified time and if I have not arrived by that time, I will be charged a late fee of \$25. I understand that if my pet must be kept overnight, I will be charged an additional \$35 per animal per night. **LifeLine Animal Project does not board animals.**
- I understand that if post-operative care instructions are not followed, I will be responsible for taking the animal to my regular veterinarian for follow-up care, which may include additional surgery and hospitalization.
- I hereby release LifeLine Animal Project, all veterinarians, assistants, volunteers, directors, officers, and 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/agent hereby agrees to indemnify and hold Lifeline Animal Project harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of god.

Signature		

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