



### TNR Spay/Neuter Consent

Name/ID:  
Address:

Pet Name/ID:  
Species, Breed: ,  
Sex:  
Birthdate:  
Weight: lb

Phone:  
Email:

**The TNR Fee is \$100. ALL TNR CATS ARE REQUIRED TO RECEIVE A RABIES VACCINE, AN EAR TIP, AND MICROCHIP. INCLUDES ALTERATION).**

**Additional Feline TNR Services:**

- FIV/FelV Test \$50**
- Vectra Topical for Fleas \$13.77**
- FVRCP 4 week Vaccine (\$30) - recommend booster in 4 weeks if cat has not had this vaccine before**

**Post-Operative NSAID (non-steroidal anti-inflammatory drug) Administration:**

Surgery causes tissue inflammation and pain. Our doctors give post-op NSAIDs to reduce pain and inflammation. NSAIDs are generally well tolerated but may rarely cause vomiting, diarrhea, or worsening of pre-existing liver or kidney disease in certain pets.

CATS: Female cats 4 months of age and older receive a post-op injection of Meloxicam.

- I have read and understand the potential risks associated with NSAID administration to my pet.**

**VECTRA Administration if Fleas Present:**

If the cat has evidence of fleas at the time of surgery, a dose of Vectra will be administered at an additional cost to you. Vectra will prevent fleas for 30 days and help prevent the spread of fleas to other animals.

- I have read and understand that my pet will be treated for fleas if deemed necessary by the veterinarian.**

**AUTHORIZATION AND CONSENT:**

The Vogel Clinic is a high volume high quality spay neuter clinic with a skilled staff of veterinarians and technicians using approved materials for all services. We have carefully crafted protocols to maximize safety for your pet. **Your signature below indicates your understanding and agreement to the following:**

- All anesthetic and surgical procedures carry risk, and, in rare circumstances, injury or death may result.
- I certify that, to the best of my knowledge, the patient is in good health and that this form has been filled out honestly and accurately.
- I understand the patient may be refused service if the veterinarian deems there is a health risk.
- I understand that some factors may increase anesthetic risk, including but not limited to: pregnancy, heat, FIV, FeLV, heartworm disease, and other chronic illnesses.
- I understand that if the patient is pregnant, the pregnancy will be terminated at surgery.
- I understand that if my pet is deemed to be cryptorchid (undescended testicle(s)), I will incur an additional fee for the surgical procedure. The fees range up to \$350 depending on the complexity. We will attempt to contact you via phone if your pet is deemed to be cryptorchid. If we are unable to reach you, we will not proceed with the surgery. In rare cases the undescended testicle may be unable to be located during the surgery. If this occurs the surgery will be aborted, and the patient will need to be referred elsewhere for the procedure.
- I understand that if my pet is deemed to have an umbilical hernia, I will incur an additional fee for the surgical procedure if correction is recommended. The fees range up to \$180. We will attempt to contact you via phone if your pet is deemed to have an umbilical hernia. If we are unable to reach you, we will not proceed with the hernia repair.
- I understand the patient will receive an EAR TIP and a small tattoo on the abdomen as a permanent indication of sterilization. This is not optional.
- I understand that the linens I provide with the cat may not be returned to me if they become soiled or dirty. The staff will provide the cat with new linens when necessary after surgery but, due to patient temperament, may not be able to change the linens the morning of discharge.

**\*\*\*Please note: This veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises.**

I hereby release the Vogel Spay/Neuter Clinic, Vogel Veterinary Care Center, and MCSPCA, all veterinarians, technicians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the services, vaccinations, and surgical procedure performed. I agree that I have not and will not claim any right to compensation from them, or any of them, or file action by reason of services or attempted services of such animal or any consequences related thereto. I agree to indemnify and hold harmless Vogel Spay/Neuter Clinic, Vogel Veterinary Care Center, and MCSPCA for any damages caused during the transportation of my pet, or damages caused by any unforeseeable events included but not limited to vandalism, burglary, extreme weather, natural disasters, or acts of God.

**I understand that during the course of my pet's treatment and surgery it may become apparent that my pet needs additional surgical care beyond the anticipated treatment that I have received an estimate for. Examples may include, but are not limited to: dental extractions during a planned prophylactic dental, cryptorchid diagnosis for a neuter patient, wound care for wound found under sedation, hernia noted after sedation. If this occurs I understand that the surgery team will attempt to reach me by phone 2-3 times in the span of 5-10 minutes with an estimate for such services. In the case that they are unable to reach me I would like to elect for the following:**

Please perform medically required surgical services up to the limit of \$500 as deemed appropriate by the veterinarian.

or

Please do not perform anything outside of the estimate of items I have checked off above.

**I understand that my pet may have underlying disease and/or compromised health, and that the procedures elected today may cause my pet to decompensate resulting in adverse health events or death. In the event my pet becomes medically compromised, I wish for the VVCC medical staff to proceed as follows:**

Please attempt to resuscitate my pet via use of the following: intravenous catheter, intravenous fluids, medication administration, oxygen therapy, +/- closed chest compressions (CPR). I understand that these treatments will result in additional expense, up to approximately \$300.

Please do not attempt to resuscitate or treat my pet in an emergent situation.

**Best contact number:**

**Alternate contact name/number:**

**Client or authorized agent signature:**



260 Wall St.  
Eatontown, NJ 07724  
(732) 542-3125

## FIV/FelV Release Form

Name/ID:  
Address:

Pet Name/ID:  
Species, Breed:  
Sex:  
Birthdate:  
Weight:

Phone:  
Email:

I, acting as owner or agent of the above-named cat, hereby request and authorize, the Vogel Veterinary Care Center at the MCSPCA, through its designated veterinarians and medical care staff, to perform a FIV/FelV test on the above-named cat.

In the event the cat tests positive, I request and authorize the Vogel Veterinary Care Center at the MCSPCA to proceed as follows.

\*Please initial one line under both the FIV and FeLV categories.

### TNR Cats

#### ***Positive for FIV***

- Perform the surgery as requested and return the cat to me.
- Humanely euthanize the cat and return its body to me.
- Humanely euthanize the cat and send its body for group cremation at my expense.

#### ***Positive for FeLV***

- Perform the surgery as requested and return the cat to me.
- Humanely euthanize the cat and return its body to me.
- Humanely euthanize the cat and send its body for group cremation at my expense.

### Owned Cats

#### ***Positive for FIV***

- Perform the surgery as requested and return the cat to me.
- Humanely euthanize the cat and return its body to me.
- Humanely euthanize the cat and send its body for group cremation at my expense.

#### ***Positive for FeLV***

- Perform the surgery as requested and return the cat to me.
- Humanely euthanize the cat and return its body to me.
- Humanely euthanize the cat and send its body for group cremation at my expense.

**Client or authorized agent signature:**

00/00/00 #TNR FIV/FelV Release Form  
@SNC Kim Jost



260 Wall St.  
Eatontown, NJ 07724

## Wounds of Unknown Origin - Release Form

Name/ID:  
Address:

Phone:  
Email:

Pet Name/ID:  
Species, Breed:  
Sex:  
Birthdate:  
Weight:

### Rabies Information

Warm blooded animals, including humans, may contract the Rabies virus through contact with the virus-laden saliva of an infected animal. Bites and scratches are the most common routes of infections. Blood and other body fluids are a much less common source of infection.

The Rabies virus is 100% FATAL once an animal begins to show signs of infection.

There is no known treatment for Rabies. Testing for Rabies requires euthanasia of the animal and testing of a neurologic specimen. The only course of action for a person who has potentially been exposed is a series of post-exposure vaccinations. These shots are effective at preventing the disease if started within several days of the exposure.

In unvaccinated animals with wounds of unknown origin, especially in the case of wounds suspected to be of a bite nature, the State of NJ recommends a strict 4-month quarantine (no human or animal contact) with observation for signs of Rabies as well as a Rabies vaccination. If this is not possible, the State of NJ recommends humane euthanasia.

Detailed information may be found at: [http://www.nj.gov/health/cd/documents/topics/rabies/appxIII\\_animal\\_confine.pdf](http://www.nj.gov/health/cd/documents/topics/rabies/appxIII_animal_confine.pdf)

**I, acting as owner or agent of the above-named cat, hereby request and authorize, the Vogel Veterinary Care Center at the MCSPCA, through its designated veterinarians and medical care staff, to proceed as follows if a wound of unknown origin is suspected to be a bite wound.**

### TNR Cats

authorize the veterinarian to administer a Rabies vaccination. I will keep the cat under strict quarantine and observe for signs of Rabies for 4 months. I am responsible for quarantine arrangements and expenses.

I **DO** authorize the veterinarian to shave and clean the wound and administer a long-lasting antibiotic injection (Convenia) (additional fee of \$40-\$65).

I **DO NOT** authorize the veterinarian to shave and clean the wound and administer a long-lasting antibiotic injection (Convenia).

Humanely euthanize the cat and return its body to me.

Humanely euthanize the cat and send its body for group cremation at my expense.

**Client or authorized agent signature:**

00/00/00 #TNR WUO Form  
@SNC Kim Jost