



Trap Neuter Vaccinate Return (TNVR) Program

3809 N. Armenia Avenue Tampa, FL 33607-1322

Phone – 813-625-0910

Date: _____
 Cat #: _____
 Trap #: _____

Caretaker Last Name: _____ First Name: _____
 Address: _____
 City, State, Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Animal Information

Animal Name: _____ Sex: _____ (if known) Age Estimate: _____
 Breed: _____ Color/Markings: _____ Weight: _____
 Registered on Feral Cat Database: Yes No Caretaker/Colony: _____

Feral Cat Program: Fee \$25
(The Rabies Vaccination, Ear Tip and Tattoo = Mandatory for all cats.)

Rabies Vaccine SC (Right rear):
 Cat < 3 months, too young for valid RV certificate, needs to return in 2 mos for revacc
 FVRCP Vaccine SC (Right fore) Scanned for Microchip
 FeLV Vaccine SC (Left rear) (Additional \$11.25 Fee)
 FeLV/FIV Test (Additional \$20 Fee): Results _____
 Euthanasia authorized (Additional \$20 Fee):
 If Positive for FeLV or FIV. If Positive for FeLV *Only*
To my knowledge this animal has not bitten anyone in the past 10 days.
 Signature required authorizing Euthanasia: _____
 Somnasol _____ mL
 Microchip interscapular area (Additional \$11.25 Fee)
 Revolution _____ mL topically (Additional \$7.50 Fee)
 Praziquantel (56.8 mg/mL) Tapeworm Injection _____ mL SC (Additional \$15 Fee)
Caretaker Additional Requests/Concerns: _____

Time	Temp	HR	RR/MM

Clinic Use Only:

Hernia Repair Cryptorchid Pregnant _____ Somnasol _____ mL intrauterine
 Ivermectin 1% _____ mL SC (if scabies or ear mites present)
 ParaDefense topical _____ mL topically (due to flea load)
 Other Treatment: _____
Sx Tech _____; **Sx Veterinarian** _____
Surgery Notes: _____

Induction: Ketamine (100mg/mL) _____ mL IM; Medetomidine (1.0mg/mL) _____ mL IM; dil. Medetomidine (0.1 mg/mL) _____ mL IM
 Other: Midazolam (5mg/mL) _____ mL IM; Buprenorphine (0.6mg/mL) _____ mL IM; PPG _____ mL SC. Isoflurane mask Intubated size _____
 (K) Ketoprofen (100mg/mL) 0.05mL SC (DA) Dilute Atipamzole (0.5mg/mL) 0.1mL IV **LRS SC Fluids** _____ mL
 (KK) Diluted Ketoprofen (10mg/mL) 0.05mL SC (KA) Dilute Atipamezole (0.5mg/mL) 0.05mL IV **Autoclave #** _____
 Bupivacaine 0.5% _____ mL Carbocaine 2% _____ mL Atipamezole (5mg/mL) 0.02mL IV or IM: time _____

Client Name: _____ **Pet Name:** _____

I, being of legal age and responsible for the animal describe above, as the owner, agent of the owner, or caretaker, have the authority to grant the Humane Society of Tampa Bay, Inc, and its staff members including the Spay/Neuter Clinic and veterinarians, volunteers, Board of Directors or agents (hereinafter "HSTB") my consent and I hereby give such consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I have fully disclosed all known pertinent medical history of the animal named above to the best of my ability. To my knowledge the animal is in good health and has not had food or treats since 12:00 midnight unless otherwise instructed by HSTB.

I understand that reasonable precautions will be used against injury, escape, or destruction of the animal. I have read the HSTB's general post-operative surgical instructions handout and had the opportunity to ask questions about these procedures. I agree to follow the HSTB's emergency procedures in the event of an emergency. I understand that HSTB is not responsible for any medical and/or veterinary expenses incurred by myself, the Owner, after the sterilization surgery and/or other treatment provided by HSTB if not authorized by the HSTB. I agree to indemnify and hold harmless the HSTB from any and all claims, damages, and causes of action that may arise from the procedures or operations to be rendered, and from other medical care arising there from.

I have been advised as to the nature of the procedure or operation and the risks involved, including death. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that feral cats will have one ear tipped/notched.

I have read and understand the risks and complications fact sheet. I understand that during the performance of the foregoing procedure or operation that unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are recommended and desirable in the exercise of the veterinarian's professional judgment. I also acknowledge that complications may develop during surgery or post-surgically and that I assume responsibility for all post-operative care and veterinary expenses incurred as a result of such surgery.

I understand that all animals must be picked up from the clinic on the same day as surgery. I agree to pick up my pet at the time specified and I understand that if I fail to do so, I will be responsible for late discharge fees and/or overnight boarding fees. If I, or my specified agent, does not claim the animal, I understand that after 24 hours that animal will be considered abandoned and the animal will be disposed of in accordance with policies established by HSTB. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

I understand that this facility is often a training site for veterinary students from accredited veterinary programs. I understand that the sterilization procedures may be performed by a veterinary student under the supervision of a licensed veterinarian.

The undersigned has read all of the terms of this consent form and understands, accepts and agrees to be bound by the above conditions.

Owner or Agent Signature

Date