

# CAT SIGN IN SHEET

## (Complete one for each cat)

Owners Name \_\_\_\_\_  
Phone # (s) \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Cat's Name: \_\_\_\_\_  
Approx Age: \_\_\_\_\_ Birth Date (if known) \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Don't know \_\_\_\_\_  
Color(s) \_\_\_\_\_

### Services to be Provided

Sterilization surgery, vaccination, tattoo

### Health Information and History

Cat's Veterinarian \_\_\_\_\_  
How long have you had this cat? \_\_\_\_\_  
Is your cat on any medications? \_\_\_\_\_  
Has your cat ever had seizures? \_\_\_\_\_  
Does your cat appear to be healthy? \_\_\_\_\_  
Is your cat: friendly \_\_\_\_\_ bites/scratches \_\_\_\_\_ wild with strangers \_\_\_\_\_  
Source of cat: Pet Shop \_\_\_\_\_ Shelter \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_ Breeder \_\_\_\_\_  
(check one) Stray \_\_\_\_\_ Other \_\_\_\_\_

### Surgical Waiver (Please Initial by each statement)

I, the undersigned, hereby request surgical spay/neuter services at Cowichan Cat Rescue's Low Cost Clinic  
\_\_\_\_ I understand the risks inherent to anesthesia and surgery.  
\_\_\_\_ I agree to hold harmless and indemnify Cowichan Cat Rescue and such veterinary clinics as are employed by them from time to time, their officers, their volunteers and their employees from any loss, injury or damages arising out of or in any way connected to the services requested herein.  
\_\_\_\_ I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed, or make arrangements through Cowichan Cat Rescue for transportation, the cat(s) may be declared abandoned and will be transferred to the SPCA.

By signing this form you are acknowledging you are the legal owner or authorized agent and you are giving such veterinary clinic as is retained by Cowichan Cat Rescue permission to administer anesthesia and perform surgical sterilization on your pet. By signing you are accepting the risk involved with any anesthetic procedure and agreeing not to hold Cowichan Cat Rescue, its veterinarians or staff liable in the event of an anesthetic adverse reaction or death.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number where you can be reached during the day:  
1<sup>st</sup> number \_\_\_\_\_ 2<sup>nd</sup> number \_\_\_\_\_