



**Cat Action Team**  
**Consent & Registration Form**  
AVC  
(one form per cat please)

Caregiver's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Carrier description \_\_\_\_\_

\_\_\_\_\_

I certify that this animal is not an owned pet. I understand that the mandate of the Cat Action Team is to provide medical care and neutering to feral and stray cats as part of a Trap-Neuter-Release (TNR) program in order to control and stabilize their populations. I am aware that the Cat Action Team does not provide veterinary care to owned pet cats. As the caregiver of the above described cat, I give the Cat Action Team full authorization to admit this animal for purposes of diagnosis, treatment, neutering and any other procedures deemed necessary. I understand and accept that cats that test positive for FeLV and FIV will be euthanized. Furthermore, if a cat is determined by the veterinarian to have a severe or life-threatening condition, the cat may be humanely euthanized. I hereby release the Cat Action Team and Atlantic Veterinary College of any liability arising from the performance of the procedures listed above.

Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

===== *For CAT use only* =====

Sex (if known) \_\_\_\_\_ Approximate age (if known) \_\_\_\_\_

Physical description (hair length, colour, eye colour, markings) \_\_\_\_\_

\_\_\_\_\_

Colony / location trapped \_\_\_\_\_

Colony code \_\_\_\_\_ Priority (high, medium, low) \_\_\_\_\_

**Tattoo #** \_\_\_\_\_

# AVC Saturday Feral Cat Neuter Clinic Medical Form

Date \_\_\_\_\_ Tattoo# \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Description \_\_\_\_\_ Temperament \_\_\_\_\_

Surgical Team Members \_\_\_\_\_

<b>Anesthesia:</b>		
Medetomidine dose	Ketamine dose	Eye lube (check)
		<input type="checkbox"/>

<b>FeLV/FIV Testing:</b>			
Start time	End time	FeLV status	FIV status

Physical exam findings \_\_\_\_\_

\_\_\_\_\_

<b>Preventive Medicine</b>			
Ivermectin dose	FVRCP vaccine label	FeLV vaccine label	Rabies vaccine label

Surgical comments \_\_\_\_\_

\_\_\_\_\_

<b>Analgesia:</b>	
Butorphanol dose	Ketoprofen dose

Left ear tattooed