



Spaying Capital Region Unowned Feral Felines

## CLIENT INTAKE FORM

Date \_\_\_\_\_ Cat ID Number \_\_\_\_\_

Name & phone # for pickup \_\_\_\_\_

Time needed to return to APF when called \_\_\_\_\_

### CARETAKER

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address Line 1 \_\_\_\_\_ City/Town \_\_\_\_\_ Zip code \_\_\_\_\_

Address Line 2 \_\_\_\_\_ Email \_\_\_\_\_

### TRAPPER (if different from caretaker)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### COLONY LOCATION

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip code \_\_\_\_\_

Nearest Intersection \_\_\_\_\_ County \_\_\_\_\_ Est. # Cats in Colony \_\_\_\_\_

***Do not write in space below – FOR SCRUFF USE ONLY***

Cat ID Number \_\_\_\_\_ Breed and Color \_\_\_\_\_ Already spayed/neutered \_\_\_\_\_

Female \_\_\_\_\_ Spay \_\_\_\_\_ Pregnant \_\_\_\_\_ Nursing \_\_\_\_\_ Scanned for microchip (Y/N) \_\_\_\_\_

Male \_\_\_\_\_ Neuter \_\_\_\_\_ Cryptorchid \_\_\_\_\_ Microchip # \_\_\_\_\_

Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ Vaccines only \_\_\_\_\_ FIV/FelV Test Results \_\_\_\_\_ / \_\_\_\_\_

Other Notes \_\_\_\_\_

Veterinarian \_\_\_\_\_ Recovery Room Admit Time \_\_\_\_\_

Weight \_\_\_\_\_ lbs. Approx. Age \_\_\_\_\_ TTDex Dose \_\_\_\_\_ mL TTDex Injection Time \_\_\_\_\_

Meloxicam \_\_\_\_\_ mL LRS SubQ FL \_\_\_\_\_ mL Convenia \_\_\_\_\_ mL

Ear Tip \_\_\_\_\_ Flea/Tick TX \_\_\_\_\_ mL Sugar Lips \_\_\_\_\_ Antisedan \_\_\_\_\_ mL

Post Op/Special Care Instructions \_\_\_\_\_



I, \_\_\_\_\_, being 18 years old or older, attest and agree as follows:

To be eligible for SCRUFF, I understand that spay/neuter is only available for feral/unowned/free roaming cats, and I certify that to the best of my knowledge this cat is unowned. I accept any liability that may occur secondary to the trapping and treatment of an owned cat and agree to waive any right to bring suit against SCRUFF and its members, volunteers and facilities resulting from the trapping and treatment of an owned cat.

I understand that all cats will be "ear-tipped" by the surgical removal of the tip of the left ear under anesthesia so they can be easily identified as having been sterilized and will receive rabies and FVRCP (distemper) vaccinations. SCRUFF is not responsible for items left in or on the trap.

I recognize the risks feral cats face during handling, anesthesia, and surgery and hold SCRUFF and its members, volunteers, and facilities harmless should a cat experience complications, injury, escape, or death, and I assume all risks.

I understand that modern techniques, trained staff, and volunteers will be used to care for all cats, and reasonable precautions will be used to prevent injury, illness, escape, or euthanasia of the cats. I understand that during treatment, all reasonable medical procedures will be performed to arrest surgical complications. I understand that, should a condition deemed incompatible with a quality life is discovered, it is up to the veterinarian's sole discretion to euthanize. However, should such a complication arise and cause injury or death to the cat, I agree to hold SCRUFF and its members, volunteers, and facilities harmless should a cat experience complications, injury, escape, or death and I assume all risks.

I understand that, if in the opinion of the attending veterinarian, the cat is an acceptable surgical candidate, the sterilization procedure will be performed. I understand that the attending veterinarian can refuse to perform any procedure on any cat for any reason. Such refusal is at the sole discretion of the attending veterinarian. In addition, if during treatment, a non-life-threatening medical condition that causes the cat suffering is discovered, the attending veterinarian may perform the needed treatment, including potentially euthanasia.

I understand that trapped animals may be dangerous, and I agree not to open any trap or handle any trapped animal unless specifically instructed. I release SCRUFF and its members, volunteers, and facilities from any liability for any injuries or damages that I may incur or cause while trapping, confining, transporting, or releasing these cats. I promise to see that, following surgery, spayed/neutered cats will receive food, water, shelter, and necessary care on a regular basis when they are returned to the location from which they were trapped. I commit to caring for these cats indefinitely and will secure a substitute caretaker if I am unable to provide adequate care. I acknowledge the possibility that once released, some cats may not return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Initials of person picking up cat that discharge instructions were given \_\_\_\_\_

SCRUFF  
PO Box 200  
Guilderland NY 12084-0200  
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