



N.O.A.H. ANIMAL ADOPTION AND SPAY/NEUTER CENTER

31300 Brandstrom Road  
Stanwood, WA 98292  
360-629-7055 www.thenoahcenter.org

Assigned Letter

CARETAKER INFORMATION: FIRST Name \_\_\_\_\_ LAST \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hm # (\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Transporter's Name & cell phone (if not caretaker): \_\_\_\_\_

How did you hear about our Clinic? \_\_\_\_\_

FREE-ROAMING CAT INFORMATION (One Per Sheet) Name \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Health Concerns \_\_\_\_\_

- \$0 FREE-ROAMING & FERAL CAT Spay/Neuter with EAR TIP Donations are greatly appreciated.
- \$10 MALE CAT Neuter - Feral cat without ear tip
- \$10 FEMALE CAT Neuter - Feral cat without ear tip
- \$15 Rabies (*Must be 12 weeks old*)
- \$15 Feline Distemper Combination Vaccine (FRCP)
- \$15 Feline Leukemia Vaccine (*Will need booster*)
- \$20 Avid Microchip (pre-registered)
- \$... Tapeworm Treatment – amount varies (plus tax)

Frontline Flea Treatment:

- \$15 for 1 month dose
- \$38.80 + tax for 3 mo.
- \$75.10 + tax for 6 mo.

\$15 Feline Leukemia Test: READ NEXT LINE!

o If the test result is positive, do you want N.O.A.H. to euthanize (put down) this Cat?  Yes or No

I would like to help other animals by making a donation of:  \$2  \$5  \$25  \$100  Other \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_ Payment is expected at the time of morning drop-off.

CLINIC USE ONLY Date Surgery Performed: \_\_\_\_\_ Vet/LVT Name: \_\_\_\_\_

Weight: \_\_\_\_\_  Spay  Neuter  Routine  In Heat  Preg  Lactating  Pyo  Crypt  Overweight  Hernia Repair

Inductn: Telezol/Ace or TTA: \_\_\_\_\_ mL Maintain:  Iso  Atropine: \_\_\_\_\_ mL Pain Relief:  Lidocaine  Morphine/Bup: \_\_\_\_\_ mL

Ovary/Uterine/Testicle Ligatn \_\_\_\_\_ Linea: \_\_\_\_\_ Intra-Dermal: \_\_\_\_\_ Skin:  Tissue Adhesive  Other \_\_\_\_\_  Tattoo

Sub-Q Fluids given: \_\_\_\_\_ mL FELV Test Result:  (-) Negative or  (+) Positive  Euth'd Ear Tip:  Yes  No

Comments: \_\_\_\_\_

Fees \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Cash  Check  Credit

Staff Initials \_\_\_\_\_

J:\Vet Clinic\FORMS, Handouts & Flyers\Check-in Forms\Free Roaming & Feral Cat Check-in form.doc  
Last update: 5-28-10



# Free-Roaming & Feral Cat Surgery Consent and Release

N.O.A.H. Animal Adoption and Spay/Neuter Center

*Please read and initial each statement.*

I declare under penalty of perjury, that I care for the cat listed on this form, and/or that I am properly authorized to present this cat for the indicated surgery and procedures. **Initials** \_\_\_\_\_

I, the undersigned, understand the procedure that is to be performed on this cat. I elect to have this procedure performed by a state licensed veterinarian employed by Northwest Organization for Animal Help (aka. N.O.A.H., N.O.A.H. Animal Adoption and Spay/Neuter Center).

**Initials** \_\_\_\_\_

I understand that general anesthesia will be used on this cat and understand and accept the risks associated with the anesthesia and the surgical procedure. I understand that the risks involved can vary greatly depending upon my individual cat, his/her general health, age, etc. I understand that there is greater risk of complications if this cat is in-heat, pregnant, overweight, has a heart murmur, hernia, or any other unknown condition (ie: respiratory, liver, kidney disease, etc.). Risks can include death of the cat. **Initials** \_\_\_\_\_

I hereby give my permission to the doctor and veterinary staff to perform all reasonable medical treatments to ensure the health and safety of this cat, and I, as the caretaker/authorized person, assume full financial responsibility for any risks and costs incurred while this cat is in the care of N.O.A.H., as well as for any complications that may arise from the procedure and/or the anesthesia thereafter.

**Initials** \_\_\_\_\_

I understand and agree that N.O.A.H. cannot be responsible for any costs incurred for the treatment of this cat once it has been released from N.O.A.H.. **Initials** \_\_\_\_\_

I understand that if I do not pick-up this cat at the specified time, it will be considered abandoned and immediately turned over to Everett Animal Control. **Initials** \_\_\_\_\_

I hereby give my permission to have the left ear tip of this cat surgically removed in order to identify the cat as altered. *\*This adheres to a national marking system of feral cats.* **Initials** \_\_\_\_\_

\_\_\_\_\_  
Caretaker or Transporter's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date