



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

\$12 FEMALE CAT Spay - 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)

\$15 Frontline Flea Treatment, 1 dose (1 month protection)

\$20 24 Hour Pet Watch Microchip (pre-registered)

\$16 + Tax Tapeworm Treatment

\$4.64 + Tax Cardboard Cat Carrier

\$15 Feline Leukemia Test: READ NEXT LINE!

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 homeless animals by making a donation of: \$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 _____



Free-Roaming & Feral Cat Surgery Consent and Release

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Please carefully read and understand the following before initialing & signing your name below.

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 (referred to hereafter as "pet") for the indicated surgery and procedures.

I, the undersigned, understand the procedure that is to be performed on my pet. 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).

I understand that general anesthesia will be used on my pet 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 pet, his/her general health, age, etc. I understand that there is greater risk of complications if my pet is in-heat, pregnant, overweight, has a heart murmur, hernia, old in age, has eaten since midnight, or any other unknown condition (ie: respiratory, liver, kidney disease, etc.). Risks can include death of the pet.

I understand that my pet will be kenneled in the same room as other publicly owned animals with unknown vaccination histories and health, and understand any contracted illness will be at my own risk and expense.

I hereby give my permission to the doctor and veterinary staff to perform all reasonable medical treatments to ensure the health and safety of my pet, and I, as the owner, assume full financial responsibility for any risks and costs incurred while my pet 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.

I understand and agree that N.O.A.H. cannot be responsible for any costs incurred for the treatment of my pet once it has been released from N.O.A.H..

I understand that if I do not pick-up my pet at the specified time, it will be considered abandoned and immediately turned over to Everett Animal Control.

I affirm that this animal is homeless.

I hereby release N.O.A.H. Animal Adoption & Spay/Neuter Center, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/Agent/Caretaker hereby agrees to indemnify and hold N.O.A.H. Animal Adoption & Spay/Neuter Center harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

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