

# TNR SURGERY FORM

Print Clearly in blue/black ink



**ALTERED TAILS**  
BARNHART CLINIC

950 W. Hatcher Rd Phoenix, AZ 85021 602-943-7729  
7246 E Main St. #3, Mesa AZ 85207 480-807-1200

\*Date: / / \*Appointment Name: Saving One Life \*Phone #: 6027708977 Carrie  
\*Transport Name: \*Transport Phone #: \*City: \*Zip:

Trap #: Sex:  Unknown  Female  Male Total # of cats brought:  
Breed: Color: Vet Tech Choose: ADLA NON-ADLA

**A late fee will be assessed for cats picked up after 5:00pm.  
\$30 for the first cat and \$5 for every additional cat.**

INITIAL:

Additional Services (TO BE PAID AT PICK UP/not covered by ADLA): No to all  
 Rabies Vaccine (\$15)  3 Day Pain Injection (\$18)  Convenia (\$10-\$25 based off weight)  
 FVRCP (\$15)  FeLV/FIV Snap Test (\$40) *I approve at doctor's discretion*

Sterilization \$30.00 (for appointments NOT scheduled through ADLA)

**EVERY TNR cat will receive a left ear tip along with a small tattoo mark on his/her underside to show that he/she has been sterilized.**  
I understand if I request additional services, the cost is to me and to be paid at pick up. I understand the animal I brought today will be given general anesthesia and there is a risk associated with anesthesia including death. If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, I consent to these procedures and agree to pay the additional costs. I, being of legal age and responsible for the cat described above, give my consent to receive, transport, prescribe for, treat, and perform services on the above-named cat. I acknowledge this feral/free roaming cat is at higher risk for surgical complications. I understand and agree that this cat will be examined under anesthesia and approve surgery regardless of the outcome of the examination. All pregnancies will be terminated to aid in population control. I understand if this cat is euthanized for any reason there is a fee of \$25.

In the event of cardio-pulmonary arrest  I DO  I DO NOT (check one) want heroic life-saving efforts to be made. By choosing "I DO", I'm accepting responsibility for the cat's care afterwards.  
In the event that I cannot be reached quickly by phone, I give permission for the veterinarian to humanely euthanize this cat if the cat's condition is deemed incompatible with being released back to the outdoors within 24 hours  I DO  I DO NOT (check one)

X Carrie

Signature of caretaker or responsible party Date

**BELOW IS FOR VETERINARY CLINIC USE ONLY. DO NOT FILL OUT BELOW THIS LINE!**

cc Meloxicam 5 mg/mL SQ	Estimated Weight: _____ lbs. Actual Weight: _____ lbs. Estimated Age: _____ yrs. _____ months	Gen Appearance	N	AB	
cc DKT* IM		Eyes, E/N/T			
cc Buprenorphine SR 3 mg/mL SQ		MM			
cc Antisedan 5mg/ml IM		Lymph Nodes			
cc Midazolam 5mg/ml IM		Heart/Lungs			
cc Ketamine 100mg/ml IV		Abdomen			
cc Convenia 80mg/ml SQ		Skin/Coat			

\*DKT= Dexdomitor (0.5 mg/ml) Ketamine (100 mg/ml), Butorphanol (10 mg/ml) in 1:1:1 mixture  Unable to conduct examination prior to anesthesia/sedation.

Ear Tip:	Microchip: <input type="checkbox"/> Scanned	Final Recovery: Normal Abnormal:							
FVRCP VX	Time	Temp (F°)	Pulse/Resp	Initials	Time	Temp (F°)	Pulse/Resp	MM	Initials
RABIES VX									
FELV VX									
FELV/FIV TEST									

In Heat  Cryptorchid  Pregnant: Fetus: \_\_\_\_\_ @ \_\_\_\_\_ days  Karo syrup given PO

SURGERY NOTES:  
 Suture PDS

Doctor's Signature