

Vet Notes:	
RX:	Surgery Doctor: _____
RX:	Tech initials: _____



Acknowledgement Form

By presenting my community cats to Pet Alliance of Greater Orlando (PAGO),

I, _____, understand the following items:
(Printed Name)

- ☐ Each cat must be in its own metal humane trap lined with newspaper (preferably) and covered with a towel/sheet. If the cat arrives in a carrier, it will be turned away.
- ☐ I have not fed the cat after 11:00pm the night before the appointment
- ☐ If I haven't arrived ON TIME for my appointment, I may not be accepted and will need to reschedule my appointment
- ☐ If I do not display proper behavior while at PAGO, I could be banned from using the program in the future
- ☐ Each cat sterilized at PAGO will be given a time-released pain medication, Rabies vaccination and FVRCP vaccination in addition to the surgery. The cost for this is \$50. Other services available at additional fees.
- ☐ I acknowledge that each cat I present to PAGO for TNR **MUST** have their ear tipped. This is the universal sign to identify the cat as a sterile feline.
- ☐ Any fees owed to PAGO must be paid by me in cash or credit/debit at the time of services provided. NO Checks.
- ☐ I must pick up the cats before PAGO closes for the day. Community cat pick up time is 4:30pm unless otherwise noted.
- ☐ I will not hold Pet Alliance of Greater Orlando or any of its employees and volunteers responsible for issues that may arise with my community cat.
- ☐ I have read and understand all communications provided to me by PAGO.

Surgery/Anesthesia Consent:

I understand that some risks always exist with anesthesia and surgery, including but not limited to injury, post-operative infection or death of animal. I understand that general anesthesia will be administered to the animal for any procedure. I assume full responsibility for any additional expenses arising from any complications from the procedure. While I understand that all procedures will be performed to the best of the abilities of the staff, I am aware that no guarantee or warranty has been made regarding the results.

I have voluntarily requested sterilization of this community cat and am aware of the risks:

Signature: _____

Date: _____

Phone Number in Case of Emergency: _____