CEI Low-Cost Spay & Neuter Clinic
6350 W. Atlantic Blvd.
Margate, FL 33063
954 975 8349
Fax: 954 973 3939

AUTHORIZATION TO PROVIDE CARE

TODAY'S DATE:_____

Your Name ↑ _____

Home Phone ↑ _____ **Cell Phone** ↑ _____

Home Address – Street ↑ _____

WHAT IS BEST # TO REACH YOU TODAY ↑ _____

City _____ **State** _____ **Zip** ↑ _____

Any vet care in past 12 months? Where? _____

How did you hear about us? _____

Email Address _____

Would you like to join our mailing list? ☐ **YES** ☐ **NO**
By email? ☐ **YES** ☐ **NO**

☐ **YES**, I'd like to donate $1 to help spay/neuter pets

SPAY & NEUTER CLINIC

Request and Consent for Surgery:
I do hereby certify that I am the owner/agent of this cat and have the authority to grant consent for any anesthesia, surgery, procedures, treatments, and /or administration of extra label medications within accepted veterinarian guidelines as deemed advisable or necessary for my pet.

I understand the procedure that is to be performed and the accompanied risks and I authorize the use of appropriate anesthetics, medication, and diagnostic tests deemed necessary by the veterinarian for the safe performance of the procedure. It is thoroughly understood that CEI Spay Clinic, staff, volunteers, and agents will not be held liable or responsible in any manner, and I assume all risks.

I understand that unforeseen complications or life threatening situations may occur during the procedure. I authorize the veterinarian and support personnel to alter the procedure and to provide such treatment as necessary to safeguard the life and health of my cat. **I agree to pay reasonable additional charges, if any.**

I understand that as long as, in the opinion of the veterinarian, the cat is an acceptable surgical candidate, sterilization procedures will be performed regardless of the cat's sex or medical condition (including pregnancy). I understand the veterinarian can refuse to perform any procedure on any animal for any reason, and such refusal is at the discretion of the veterinarian. **THERE IS AN ADDITIONAL CHARGE OF $20 or $45 for CRYPTORCHID* CATS and $20 or $45 for FEMALES IN HEAT OR PREGNANT.**

I will follow the discharge instructions provided to me when I pick up the cat.

this is a condition in male cats where one (1) or both testicles are not fully descended.

Signed _____ Date _____

Print Name _____

VACCINE CLINIC

Vaccination Information: Although the benefits of pet vaccination far outweigh the risks, certain events, some potentially fatal, can be associated with vaccination. Some of these may appear when your pet is vaccinated or occur within 48 hours. However, vaccine reactions are relatively rare. A partial list of adverse reactions which may be associated with vaccination follows: fever (low grade 24-48 hours after vaccination); 2. Soreness at injection site; 3. sore joints; 4. vaccine site lumps; 5. vaccine site tumors; 6. Iritis (inflammation of the eye); 7. Anaphylaxis (acute allergic reaction; i.e., hives, facial swelling, vomiting) which can be potentially fatal if not treated.

Request and Consent for Vaccination: I request to have my pet vaccinated. I have read and understand the materials provided to me. Any questions about vaccination have been answered to my satisfaction. I am aware of the potential benefits and risks of vaccinating my pet and am aware that all vaccinations will be provided by a licensed veterinarian. I understand that serious complications after vaccination may occur and I will not hold CEI Spay Clinic liable for any fees or charges incurred as a result.

Signed _____ Date: _____

Print Name _____