

ALL SERVICES MUST BE PAID IN FULL AT COMPLETION OF SERVICE.  
PPI ACCEPTS CASH OR CARD. PPI DOES NOT OFFER PAYMENT PLANS.

CLIENT ID

WE TAKE CARE CREDIT AND SCRATCH PAY.

WE DO NOT TAKE CHECKS.

CARRIER DESCRIPTION \_\_\_\_\_

**CAT RELEASE FORM** PURPOSE OF VISIT \_\_\_\_\_

HOW DID YOU HEAR OF US? \_\_\_\_\_

**PLEASE PRINT CLEARLY** Your Name: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone 1#: \_\_\_\_\_ Cell Phone 2#: \_\_\_\_\_ Cell Phone 3#: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I understand that it is very important that I provide a number where I can be reached within 10 minutes of the beginning of a surgical procedure. I also understand that if PPI encounters a situation that requires contacting me and I am unavailable, PPI will do what ever is in the best interest of my animal. I also understand that this may incur additional charges and that I will be responsible for paying said charges.

Animal Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Has your cat been spayed/neutered? YES \_\_\_\_\_ NO \_\_\_\_\_

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

PLEASE LIST ANY MEDICAL CONDITIONS, PREVIOUS SURGERIES, OR OTHER VITAL INFORMATION REGARDING YOUR CAT. PLEASE LIST ANY MEDICATIONS OR SUPPLEMENTS THAT YOU CURRENTLY GIVE TO YOUR CAT BELOW: \_\_\_\_\_

**VACCINATIONS: Please mark all vaccinations you would like administered today.**

RABIES \$25     FVRCP (DISTEMPER/RHINO/CALICI/CHLAMYDIA) \$18     DEWORM \$5-\$10     LEUKEMIA \$25

**PLEASE MARK ANY TESTS OR ADDITIONAL SERVICES THAT YOU WOULD LIKE DONE TODAY.**

**PRE-ANESTHETIC BLOOD ANALYSIS CHECKS NECESSARY FUNCTIONS THAT ALLOW FOR ANESTHETICS TO BE SAFELY ADMINISTERED**

\_\_\_\_\_ (Initial) PRE-ANESTHETIC BLOOD ANALYSIS (0-5 YEARS, ALWAYS RECOMMENDED BUT OPTIONAL) \$75

\_\_\_\_\_ (Initial) PRE-ANESTHETIC BLOOD ANALYSIS (6 +YEARS **REQUIRED**) \$75.00

\_\_\_\_\_ (Initial) GENERAL HEALTH PROFILE, CBC, AND ELECTROLYTES \$120

\_\_\_\_\_ (Initial) I DECLINE PRE-ANESTHETIC BLOOD ANALYSIS

NAIL TRIM (**UNDER ANESTHESIA ONLY**) \$10.00     LEUKEMIA/FIV TEST \$45     BRIEF EXAM \$25

PAIN MANAGEMENT \$15     MICROCHIP \$40     ELIZABETHAN COLLAR (CONE) \$15

EARMITE TREATMENT \$35     UMBILICAL HERNIA REPAIR \$60 - \$130

I, being responsible for the animal described above, have the authority to grant the veterinarian my consent to receive, treat, and/or operate upon the animal previously named. I understand that no assurance or guarantee has been made regarding the results of any surgery or treatment and that the risks and probabilities of complications exist in any surgical or medical treatment. I understand and agree that the policy of Planned Pethood International is to only work with clients who are willing to neuter/spay their animals at the appropriate age and that my animal will be spayed or neutered during current treatment protocol or in the future as determined by the veterinarian. I understand that any unpaid balance due is my responsibility and I agree to pay as indicated by Planned Pethood International if, also I do not pay I am responsible for any attorney or court fees regarding any unpaid balance. I hereby give my consent to the administration of such anesthetics or medications as deemed proper by the veterinarian.

**I AM AT LEAST 18 YEARS OF AGE AND AFTER CAREFULLY CONSIDERING THE ABOVE, HAVE SIGNED IN AGREEMENT.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_