THE CAT NETWORK, INC.
MIAMI MEOW MOBILE

CAT INTAKE FORM

1 Form per Cat

CONTACT INFORMATION

Owner/Trapper Name:	Phone (best # to reach you today) ☐ Cel ☐ Home ☐ Work
Address:	City/State/Zip:
Driver License #:	Total # of Cats Today:

CAT DESCRIPTION

Approx Age: ☐ Kitten (under 5 months) ☐ Adult 6 months and older)	Gender: ☐ M ☐ F ☐ Not Sure
Color(s) / Pattern (Tabby, Calico, Tuxedo, Bicolor, etc):	This cat is a: ☐ Pet ☐ Stray/Feral ☐ Foster in adoption program
Address (or nearest cross street) where cat was found:	Cat's Name (if applicable):

SERVICES (payment due at check-in)

- ☐ Spay or Neuter .....$_____
- ☐ Rabies Vaccination.....$_____
- ☐ FVRCP (Distemper) Vaccination $15.00
- ☐ Feline Leukemia Vaccination $25.00
- ☐ Revolution™ Flea/Parasite Control $15.00
- ☐ Microchip $30.00
- ☐ Feline Leukemia/FIV/Heartworm Combo Testing...$25.00
- ☐ Nail Trim $5.00
- ☐ De-worming medicine to go home (pyrantel).....$15.00
- ☐ Other .... $_____
- ☐ Donation (optional) $ _____

Total Due at Check-In: Cash / Check $_____

SURGICAL WAIVER

I, the undersigned, hereby request surgical spay/neuter services at The Cat Network's Miami Meow Mobile Spay/Neuter Clinic.

☐ I am the guardian or agent of the above described animal(s) and have authority to execute this consent.

☐ I hereby consent and authorize the performance of the following procedures(s):

- ☐ Surgical Sterilization with Sterilization Tattoo (mandatory)
- ☐ Rabies Vaccination

Initial _____☐ Ear-tipping. Required for all strays & indoor/outdoor cats. Pets & non-members' cats receive $10 discount when cat receives ear-tip.

☐ I recognize and understand the risks inherent to anesthesia and surgery. I understand that the cats do not undergo a pre-anesthetic evaluation and I accept the risks of any underlying health problem that would complicate survival/recovery from anesthesia and surgery.

☐ I have taken precautions not to present a previously sterilized cat. I understand that if it is determined that my cat has been previously sterilized, a refund will not be issued.

☐ I agree to hold harmless and indemnify The Cat Network, Inc. and the Miami Meow Mobile, their officers, their volunteers and their employees from any loss, injury or damages to myself or the cat(s) arising out of or in any way connected to the services requested herein.

☐ I understand that all cats will be scanned for microchips, and that if a microchip is found, we reserve the right to contact the microchipping company and registered owner/agent of the cat.

☐ I will ensure this cat receives food, water and necessary care while it is recovering until it can be returned to the location from which it was collected.

We are a mobile unit, we cannot leave until you pick up your cat. You are receiving a subsidized service - which means it cost us more to provide this service than we are charging you. Please be respectful of our efforts by picking up your cat on time.

☐ I agree to pick up the cat(s) following surgery as directed. I understand that no animal can be kept overnight at this facility, and if I fail to pick up the cats(s) on time as directed, then a $25-$40 late fee will be charged and/or the cats(s) may be declared abandoned and handled as such. (Florida Statute 828.13)

I completely understand and agree with the above: Signature _____

Signature when animal is picked up: Signature _____ Date: _____