Stray Cat Intake Form

Community Cat/Return to Field

Date:_____ Finder Name:_____ Phone:_____

Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Animal ID#: _____

Location Found (include cross streets or address):_____

Color/Pattern: _____ Sex: _____ Age: _____ Name: _____

In an effort to properly address and manage the cat overpopulation problem in our community, the Brandywine Valley SPCA employs a Return to Field Program. All stray cats are medically and behaviorally evaluated upon intake. If, during intake, a microchip is found, the BVSPCA will attempt to reunite the animal with the owner before returning to field or placing up for adoption. As part of this program, stray cats who are brought to our facility and are in good health and thriving in their environment, are returned to the location where they were found after a medical assessment and the following veterinary care provided:

Spay/Neuter Surgery **Rabies & FVRCP Vaccinations** **Ear Tipping**

The following services are **optional**:

☐ FeLV/FIV Test $25	☐ Revolution $5 (flea treatment)	☐ Praziquantel Injection $6 (dewormer)
☐ Microchip $20	☐ Clip & Clean $10 (if wounds)	☐ Convenia Injection $25 *(antibiotic; only if clinically indicated)*

I authorize the BVSPCA to euthanize in the following cases: (check all that apply and initial)

☐ FeLV Positive _____ ☐ FIV Positive _____ ☐ Bite wound, unable to quarantine _____ ☐ None _____

Bite Wound of Unknown Origin

Location of bite wound:_____ Quarantine: Yes:_____ No:_____

Verbal consent given to:_____ Verbal Consent Witness:_____

I understand that if the original owner of a stray animal comes forward and is verified to be the original owner of the animal, I am required to return the animal to the BVSPCA. I understand that surgical procedures performed on community cats carry specific risks. I understand that a physical exam is not performed prior to surgery. I understand that community cats will be returned to the trap/cage before they are awake to ensure the safety of BVSPCA staff. I understand that community cats might be exposed to infectious diseases including but not limited to: fleas, ringworm, panleukopenia, upper respiratory infections, and FIV/FeLV. I understand that community cats are not weighed prior to surgery so the anesthesia dosage is an estimate which significantly increases risks associated with anesthesia. I understand that this service only includes the sterilization surgical procedure and does not include any other procedures, diagnostics, or treatment. I understand that community cats are given a dosage of pain management at time of surgery that lasts for six to twenty-four hours after surgery. I understand that surgical procedures carry risks including but not limited to: infection, bleeding, dehiscence of incision site, and death. To my knowledge, this animal is healthy enough to undergo surgery. I understand that the BVSPCA will not perform pre-anesthetic blood work, but I may request FeLV/FIV testing for an additional donation; should the cat be positive for FeLV they may not be released back into the general public. The test will be taken after administration of anesthesia. The veterinarian may refuse to perform this procedure if the animal appears unable to tolerate anesthesia/surgery. The BVSPCA will not be responsible for the cost of emergency treatment or post-operative complications, should complications arise as a result of this surgery. I understand that feral cats with unknown health histories are observably not social to humans, are fixed regardless of the status of a pregnancy. Because of this I understand the BVSPCA's policy is to abort during the spay procedure. **By signing below, I certify that I have read this document and understand the aforementioned program employed by the Brandywine Valley SPCA.**

Signature: _____ Date: _____