

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

**DuPage Animal Hospital**  
**Feral Cat Agreement of Veterinary Procedures**

TNR (trap-neuter-release) is the most effective and humane way of controlling the cat population. At DuPage Animal Hospital we care for the well being of all feral and semi-feral cats. By signing this agreement I confirm that the cat(s) for which I ask for low cost feral cat services can be described as:

- 1. Completely feral: A cat that will not let anyone pet or hold them under any circumstance.
- 2. Semi-feral: A cat that only trusts their caregiver and acts feral with the interaction of others.

I understand and accept the procedures and charges that I will be responsible for at the day the cat is serviced.

a. A Complete Physical Exam	\$	N/C
b. Testing for FIV/FeLV	\$	16.50
c. Spay/Neuter	\$	38.50
d. Spay/Abort	\$	38.50
e. Tipping of the Left Ear	\$	N/C

Please circle and initial any additional procedures you would like performed.

f. Rabies Vaccine	\$	6.60	Initials _____
g. FVRCP Vaccine	\$	6.05	Initials _____
h. Flea and Ear Mite Treatment	\$	8.80	Initials _____

Cats that test positive for Feline Immunodeficiency Virus (FIV) and Feline Leukemia Virus (FeLV) will be euthanized and cremated at a total cost of \$ 55.00. **Client's initials** \_\_\_\_\_. **Tech's initials** \_\_\_\_\_.

I, the undersigned, confirm that the cat for which I am authorizing DuPage Animal Hospital to perform the above services can be described as above completely feral or a semi-feral cat and the left ear will be tipped. **Client's initials** \_\_\_\_\_. **Tech's initials** \_\_\_\_\_. If you request the ear not be tipped you will be charged the cost of a family pet neuter-(\$154.00)/spay-(\$242.00). **Client's initials** \_\_\_\_\_. **Tech's initials** \_\_\_\_\_.

\_\_\_\_\_  
Client's Name Printed

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address City, State & Zip Code

\_\_\_\_\_  
Client's Signature and Date