



Admission Form

Please complete one form per cat

ALL CATS MUST ARRIVE IN TRAPS, no exceptions

Cat ID# _____

Billing Code: _____

Surgery Date: _____

Transporter's Name: _____ Phone: _____

Caretaker's Name (person feeding cat): _____ Phone: _____

Caretaker's Address (street, city, state, zip): _____

Caretaker's Email: _____

Colony Location (street, city, state, zip): _____

County: _____ Approx. # cats in colony: _____

Township/ Borough: _____ Approx. # spayed/ neutered to date: _____

Comments: _____

Release from Liability

I hereby release from liability and hold harmless The Nobody's Cats Foundation, its officers, board members, and volunteers for any losses, injuries, or damages to me or to the cat described above arising out of or in any way connected to the provision of these services, which include but are not limited to trapping; transport; treatment; sedation; surgery, including termination of pregnancy; vaccinations; ear tipping; recovery; return; and euthanasia, if medically indicated. This release covers all acts, omissions, and occurrences attributable to The Nobody's Cats Foundation, its officers, board members, and volunteers, including those resulting from ordinary negligence. I understand that additional costs may be incurred for additional surgical procedures, wound care, and/ or injectable/ dispensed medications when medically necessary for the best welfare of the cat.

I certify that I have read and understand this release.

*Signature _____

Print Name _____

*****DO NOT WRITE BELOW THIS LINE*****CLINIC USE ONLY*****CLINIC USE ONLY*****

- Ear tip
- Rabies
- Revolution
- Distemper
- Metacam
- Antibiotic
- Other: _____

Gender: Female Male

Estimated Age: _____

Breed: SH MH LH

Color: _____

Weight: _____

- Already altered
- Pregnant: stage _____
- Cryptorchid: _____
- In Heat
- Lactating: stage _____

T: _____ HR: _____

Post op: _____

Reversal: _____

Sternal: _____