

**Drop off Requirements:**

- All tame cats (tolerant of being handled) need to be delivered in a plastic animal carrier. *One cat per carrier.* No animals will be accepted at UCHS in cardboard boxes, hand carried without a carrier or more than one animal to a carrier or trap. A cardboard pet carrier may be purchased at UCHS at the cost of \$5.00.
- All feral cats (wild, not tolerant of being handled or touched) need to be delivered in a live trap. *One cat per trap.*
- Any cat not delivered in a trap or carrier will be provided a cardboard pet carrier at the cost of \$5.00.
- All animal carriers and traps must be identified with the name and phone number of the organization/individual delivering the cat to the clinic.
- Kittens must be three pounds or 3 - 4 months old.

**Services Provided:**

- FeLV/FIV Testing ***if requested.***
- Initial vaccinations including FVRCP, FeLV and Rabies (see post surgery information).
- All feral cats (in traps) will be ear tipped to identify they have been spayed/neutered. *No exceptions.* Stray cats (in carriers that can be handled) will be ear tipped at the discretion of the owner.
- Clinic services will not be performed on any cat that cannot be handled safely by the UCHS staff.
- A spay, neuter, or other general health procedures (examples: wormer, ear mite treatment, flea treatment) may be completed at the veterinarian's discretion. ***Other general health procedures, as previously mentioned, will result in an additional charge(s).***

**Post Surgery Information:**

- The UCHS does not provide ongoing veterinary service for clinic animals. All future services must be performed by your veterinarian.
- Some vaccinations may require a booster in 2 – 4 weeks. All booster vaccinations must be performed by your veterinarian.
- Any post surgery conditions, concerns or requests for medication(s) must be directed to your veterinarian. *No medications will be dispensed with the animal.*

**By signing below, I acknowledge that I have read, understand and agree to the terms and conditions noted above:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address : \_\_\_\_\_

Phone : \_\_\_\_\_