



**Cats Exclusive Veterinary Clinic**  
 6350 W. Atlantic Blvd.  
 Margate, FL 33063  
 954 975-8349 ~ Fax: 954 973-3939

Cat/Dog #: \_\_\_\_\_

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

*Estimate & Authorization to Provide Care*

Owner/Caretaker's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address - Street, City, State, Zip \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Color: \_\_\_\_\_ Age (approx.): \_\_\_\_\_

➤ Description of Procedure: \_\_\_\_\_

I am the owner or authorized agent of the owner of the above-mentioned pet. I authorize Cats Exclusive Veterinary Clinic Doctors, and their Assistants to perform the services described and all other procedures, diagnostics, treatments, and/or administration or extra label medication within accepted veterinarian guidelines as deemed advisable and/or necessary for my pet. Cats Exclusive Low-Cost Spay and Neuter Clinic will take every reasonable action to ensure the success of my pet's procedure, but the possibility of death as a severe complication of surgery, anesthesia, or any other procedure does exist. **The nature and risks of any procedure including surgery and anesthesia have been, or will be explained to me before I will leave my pet or allow treatment.** If I neglect to pick up my pet within seven (7) days following the scheduled discharge date, you the owner are to assume that the pet is to be considered to have been abandoned and the above mentioned pet will be disposed of in the most humane manner possible.

Initial read *es*: \_\_\_\_\_

**PLEASE READ BELOW & INITIAL FOR CATS BEING TESTED for Feline Leukemia (FeLV) or Feline Aids (FIV) :**

If my cat is found **Positive** for **Feline Leukemia (FeLV)**, I would like to: ( ) Decline Euthanasia ( ) EUTHANIZE – if yes, see form below.  
 If my cat is found **Positive** for **Feline Aids (FIV)**, I would like to ( ) Decline Euthanasia ( ) EUTHANIZE – if yes, see form below

~ **RELEASE** ~ (To be signed only if owner/caretaker is authorizing euthanasia)

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the animal described above, that I am 18 years or older, and that I do hereby give CEI Low-Cost Spay Clinic, its agents, servants and representatives full and complete authority to humanely euthanize the said animal and I do hereby and by those present forever release the veterinary facility and its employees from any and all liability for so euthanizing the said animal. I do also certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last fifteen (15) days and has not been exposed to rabies.

Owner's Name – Print \_\_\_\_\_

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

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