

365 Saratoga Avenue
Ballston Spa, NY 12020
(518) 885-5650



<https://vcahospitals.com/ballston-spa>
bsvcinfo@gmail.com

Date: _____

Number of Cats: _____

Trap, Neuter, Release

as of 10/27/20

Name: _____

Rescue Group (If any): _____

Phone Number: _____ Address: _____

TNR Includes: Spay/Neuter, Rabies Vaccine, Revolution,
Ear notch (no exceptions), Carprofen inj, and fluids

Cost= \$ 65 x ___ cats= \$ _____

Optional Treatments/Vaccines

Feline Distemper Vaccine- YES NO

Cost= \$ 39.90 x ___ cats= \$ _____

Feline Leukemia Vaccine- YES NO

Cost= \$ 46.70 x ___ cats= \$ _____

(These vaccines normally require a booster to reach a full level of immunity)

FELV/FIV Test - YES NO

Cost= \$ 77.05 x ___ cats= \$ _____

-If positive, opt for Euth? YES NO

Cost= \$ 119

*Notes/Concerns: _____

*Additional cost may incur for additional treatments requested.

Total due at the time of Admit: \$ _____

Payment type: _____ Initials: _____

Signature: _____

Discharge Instructions:

- Please use the side surgery entrance for admit and discharge for the Trap, Neuter, Release patients.
- Anesthesia and surgery may cause nausea, vomiting, and lowered body temperature. Please see the recommended tips below to help with the transition back into the wild.
- Offering small amounts of food and water at frequent intervals may help to minimize vomiting.
- The feral cat has been given an injection of Carprofen (anti-inflammatory) that will help with any discomfort over the next 3 days.
- DO NOT attempt to give any other pain medication unless prescribed by a veterinarian. Many over-the-counter medications can be poisonous.
- If at all possible, please keep the feral cat in a barn or shed, with protection from the outdoors, while they recover from the effects of the anesthesia.
- Please notify us if any of the following occurs:
 - Vomiting after 24 hours
 - Diarrhea
 - Refusal to eat or drink after 48 hours
 - Evidence of bleeding
 - Continuous licking
 - Swelling at the incision site that is greater than a quarter size and not decreasing in size over a months' time.

Cat #1:

Description/Markings:

Sex: _____ Age Estimate: _____ Wt: _____

- Ear tip
- Revolution Flea Tx
- Rabies Vaccine Other vaccines: _____
- Felv/FIV Test: _____
- Carprofen injection:
- Fluids:
- Scan for Microchip
- D T K: Sx start: Sx end:
- Antisedan:

Charges

TNR: \$ 65.00

Vaccines: \$

Tests: \$

Total Charges: \$ _____

Additional Notes:

Cat #2:

Description/Markings:

Sex: _____ Age Estimate: _____ Wt: _____

- Ear tip
- Revolution Flea Tx
- Rabies Vaccine Other vaccines: _____
- Felv/FIV Test: _____
- Carprofen injection:
- Fluids:
- Scan for Microchip
- D T K: Sx start: Sx end:
- Antisedan:

Charges

TNR: \$ 65.00

Vaccines: \$

Tests: \$

Total Charges: \$ _____

Additional Notes:

Cat #3:

Description/Markings:

Sex: _____ Age Estimate: _____ Wt: _____

- Ear tip
- Revolution Flea Tx
- Rabies Vaccine Other vaccines: _____
- Felv/FIV Test: _____
- Carprofen injection:
- Fluids:
- Scan for Microchip
- D T K: Sx start: Sx end:
- Antisedan:

Charges

TNR: \$ 65.00

Vaccines: \$

Tests: \$

Total Charges: \$ _____

Additional Notes:

Tech Initials: _____ Total Charges for all cats: \$ _____

Doctor Signature: _____

Call for pick up