

COMMUNITY CAT DESEX & MICROCHIP INTAKE FORM Version 2.0

CAT ID: C D _ _ _ _

Cat Name: _____

Please complete 1 (one) per person

1. Guardian contact information - *information required to make a booking*

Owner / Guardian details:			
First name:		Last name:	
Phone: <i>please provide best number to reach you on the day of desexing</i>		Email:	
House / unit number:		Street name:	
Suburb:		Post code:	
Name of person collecting animal: <i>if different from above</i>		Contact phone for person collecting animal: <i>if different from above</i>	

2. The RSPCA team will complete the following with you on intake

Owner information: RSPCA team to complete			
Identification presented:	<input type="checkbox"/> Drivers licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Other photo ID: _____
Verification of address: <i>Must identify address in Onkaparinga council zone</i>		<input type="checkbox"/> Drivers licence	<input type="checkbox"/> Utility account (power/water/gas)
<input type="checkbox"/> Rates notice	<input type="checkbox"/> Tenancy / Lease agreement	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Other _____

Other information: RSPCA team to complete			
Concession card holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total number of cats with appointment today:	
HAS YOUR CAT EATEN IN THE LAST 8 HOURS <i>BLUE DOT FLAG</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Do you consent to your cat having surgery today, given the higher anaesthetic risk <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please also complete information on the back of this form

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Cat Name: _____
Sibling ID #s: _____

3. Cat intake information - *information required on the day of appointment*

Animal medical information: <i>Owner to complete. RSPCA to check</i>					
Has your cat been eating & drinking normally in last 48 hours? <i>(with the exception of fasting from midnight for surgery)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No - please provide more information	
Current medical conditions including:					
Coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sneezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diarrhoea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your cat been vaccinated? If yes, when was it last vaccinated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mth/Yr _____	
Has your cat ever had a vaccine reaction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes-please provide more information:	
Is your cat on any medications (including flea & worming treatments given in the last 30 days)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes-what?	
Any other relevant medical history?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes-please provide more information:	
Is your cat friendly and easy to handle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	RED DOT FLAG	

Microchip information: <i>Owner to complete. RSPCA to check</i>			
Is your cat microchipped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If Yes - RSPCA check DACO / Pet Address</i>
If Yes - is it registered in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If No - discuss options with guardian/owner</i>
		<input type="checkbox"/> Yes, name and microchip confirmed correct RSPCA initials: _____	

Cat information: <i>Owner to complete. RSPCA to check</i>		
Cat is arriving in a: <input type="checkbox"/> Pet carrier <input type="checkbox"/> Other _____ <input type="checkbox"/> Trap <input type="checkbox"/> Unsuitable - \$10 to rectify		After surgery, return cat to: <input type="checkbox"/> my clean pet carrier <input type="checkbox"/> cardboard carrier - \$10
Breed: <input type="checkbox"/> Domestic - short hair <input type="checkbox"/> Domestic - medium hair <input type="checkbox"/> Domestic - long hair <input type="checkbox"/> Other: _____	Age: _____ approximate years	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unsure
Colour(s):	Pattern:	Special notes:

Please read and sign surgical waiver on pages 3 and 4

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4. Surgical waiver

4.1. I _____ hereby declare that **I am over 18 years of age** and I am the **legal guardian** of the cat(s) identified in the above ("my cat(s)") and all of the information provided by me is true and correct to the best of my knowledge. **I hereby authorise and give consent** for the Royal Society for the Prevention of Cruelty to Animals (South Australia) Inc. ("RSPCA SA"), their officers, their veterinarians, their volunteers and or their employees to **perform the following procedures listed below on my cat:**

- **General anesthesia + fluid therapy**
- **Desexing**
- **Microchipping + registration with 'Dogs and Cats Online' (DACO)**
- **Microchip tattoo**
- **Desexing tattoo**
- **Vaccination, flea and worming treatment (if not already up to date)**
- **Antibiotic injection if recommended by the vet**

4.2. **I understand that surgery and anaesthesia carry inherent risks that could result in illness or death of my animal during or after surgery. Although every precaution will be taken to minimise this risk I understand that it does exist and consent to my animal undergoing general anaesthesia and surgery.**

4.3. **I declare that the above procedures have been clearly explained to me, including the risks, and I consent to my cat(s) undergoing all of these procedures today or on a future date.**

4.4. **I recognise and understand the risks inherent to medical procedures including anaesthesia and surgery. I understand that my cat(s) will undergo a basic pre-anesthetic evaluation which does not include blood testing and I accept the risks of any underlying health problems that would complicate survival and/or recovery from anesthesia and surgery.**

4.5. **I understand that if my cat(s) has eaten in the last eight (8) hours the anaesthetic risk is higher. I accept this increased anesthetic risk.**

4.6. **I understand that if my cat(s) is not able to be safely handled the anaesthetic risk is higher as my cat(s) will not be able to be examined prior to anesthesia. I accept this increased anesthetic and surgery risk.**

4.7. **I understand that RSPCA South Australia reserves the right to decide whether my cat(s) is a suitable candidate for desexing today or in the future and may decline to conduct any or all of the procedures above for any reason it deems fit.**

4.8. **I understand that RSPCA SA reserves the right to postpone or cancel the procedure for any reason and without notice.**

4.9. **I understand that my cat(s) will be scanned for a microchip, and that if a microchip is found, no further procedures will be performed unless it can be confirmed that I am the registered owner of the cat.**

4.10. **I undertake to provide and accept full responsibility for providing my cat(s) with appropriate and adequate food, water, living conditions and care while recovering from surgery. I understand that it is my responsibility to monitor my cat(s) after surgery and seek veterinary attention should there be any concerns or signs of ill health.**

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- 4.11. I understand and accept **that RSPCA SA cannot be held responsible financially or otherwise for post-operative complications that are a result of a failure to comply with the post-operative instructions that will be provided on discharge of my cat(s).**
- 4.12. I understand and accept **that RSPCA will not be responsible for any external veterinary fees.** Should I have to obtain veterinary care through another veterinary service, I agree to personally incur the full costs of those services.
- 4.13. I understand that medical conditions that are discovered during physical examination or surgery will be relayed to me upon discharge of my cat(s). RSPCA SA cannot provide additional treatments aside from the procedures listed above. I understand and accept that any other health concerns relating to my cat(s) are my responsibility.
- 4.14. I understand that RSPCA SAs veterinary team cannot provide general health advice about my cat(s).
- 4.15. Given the large number of cats presented for surgery today, I understand and accept that RSPCA SA will take every precaution to limit the transmission of infectious disease but the risk, although minimal, still does exist. I accept that risk today.
- 4.16. I agree to pick up my cat(s) following surgery as directed. I understand that if I fail to pick up my cat(s) before 4:30pm today a fee of \$110 will be incurred per cat, per day.**
- 4.17. If I have not collected my animal at the expiration of a period of **72 hours from the surgery discharge time, my animal will become the sole property of RSPCA SA** and I will have no further rights in respect to my animal. RSPCA SA may then, at its discretion, take responsibility for the future care and assessment of the suitability for adoption of my animal.
- 4.18. I understand that all post-surgical complications that require further surgery will incur a fee of \$80. An after-hours surcharge of \$50 will be applied after 2pm Monday to Saturday. On Sundays and after 4pm I may be referred to an external vet. All costs associated will be my full responsibility. RSPCA will not be responsible for any external veterinary fees.**
- 4.19. I agree to hold harmless, release and indemnify without exception RSPCA SA, their officers, their veterinarians, their volunteers and their employees from any claim, loss, injury (including death), liability or damages to myself or my cat(s) arising out of or in any way connected to the services consented to herein.
- 4.20. I give permission for RSPCA South Australia to share my details with Onkaparinga Council.
- 4.21. I understand that my animal/s may be photographed and/or video for internal and external media use.
- 4.22. I have read and understand RSPCA South Australia's privacy policy (available to read at <https://www.rspcasa.org.au/privacy-policy/>)

I have read, understood and agree to the above. I give my consent for the above procedures to be completed to all cats I have presented today (identified by unique ID numbers assigned by RSPCA), subject to this waiver and these terms and conditions.

Name (printed): _____

Signature: _____

Date: _____