

South Florida Veterinary Foundation Surgical Sterilization Form for Community Cats

CCA15

Rev 7-30-15

South Florida Veterinary Foundation
c/o Dr. Larry A. Bernstein
751 N.E. 168 Street - North Miami Beach, Florida 33162-2427
E-mail as pdf to payments@sfvet.org or fax to 866-651-1912

Presenter Information

Presenting Person Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Proof of Authority and Identity (Photo ID): Driver's License Card Passport Other _____

CAT INFORMATION (Please fill in completely to help our Database) Especially Location Info

I am applying for sterilization of a Community Cat:

Female Cat Male Cat Color _____ Breed _____

Age: _____ Weight: _____ Has this cat been vaccinated for Rabies? Yes No Date: _____

Pet's Name or ID if any _____ Microchip or other ID No Yes Chip or ID _____

LOCATION FOR MAPPING - Cat was found or lives at address or near what intersection zip to help MDAS in mapping.

** Address or Nearest Intersection to cat's location is (Specify NE, NW, SW, SE not just street number PLEASE):

Street 1 Or Address - _____ Street 2 _____

City _____ and or Zip Code _____

EAR TIP, LOCATION and RABIES REQUIREMENT

The Veterinarian must "tip" the left ear of all "Community Cats" done under this classification. Rabies should also be administered unless there is clear proof of current rabies and a rabies certificate with the presenter's information included with the submission. Per MDAS - "The individual presenting a community cat is not responsible for future compliance with rabies vaccination or any other care. "Community" must be entered in the other line of the species box of Form 51" - the rabies form. Also be sure to complete Cat Locator questions above.

RELEASE OF FOUNDATION FROM LIABILITY BY PRESENTER

I, the undersigned as presenter of this "Community Cat" listed above, understand and agree that the Dade County Veterinary Foundation d/b/a the South Florida Veterinary Foundation ("SFVF") shall not indemnify me for any injuries or harm to my pet. I agree to indemnify and hold harmless the SFVF from any actions, suits, debts, damages, judgments, executions, claims or demands whatsoever relating to or arising from the services performed pursuant to this agreement. I also understand and agree that the SFVF makes no warranty nor assumes any liability for any actions of the Veterinarian.

Presenter's Signature:

Signature: _____ Print Name: _____ Date: _____

CERTIFICATION OF PROCEDURE

This is to certify that the above described cat was surgically sterilized and left ear was tipped on _____ by Dr. _____
Rabies Given: Yes No - Please Note: **Rabies Certificate or Proof of Current Rabies (if not given) MUST BE INCLUDED**

Veterinarian's Signature _____

Date _____