



St. Sophia's Forgotten Felines

525 W. Roosevelt Road
Wheaton, IL 60187
847-773-7639
www.stsff.org
info.stsff@gmail.com

DATE: _____

**PRE-SURGICAL RELEASE
AND AGREEMENT FORM**

NAME: _____ PHONE: (____) _____
ADDRESS: _____ EMAIL: _____
CITY: _____ ST: _____ ZIP: _____ DRIVER'S LICENSE: _____

GENERAL CAT INFORMATION

Name: _____ Coloring: _____
Sex: ____M ____F Age: _____ Microchip #: _____ Provider: _____

The cat(s) you will be adopting has not undergone spay/neuter surgery for a particular reason.

Reason for Delayed Surgery:

_____ Under-weight
_____ Illness: _____

_____ Other: _____

This cat needs:

_____ Medicine: _____
_____ Therapy: _____
_____ Special Diet: _____
_____ Special Environment: _____

By initialing each of the following statements you agree that:

- _____ All medical information pertaining to the cat(s)' medical condition has been fully disclosed
- _____ Intentions to keep up with treatment and/or therapy are held
- _____ The cat will be brought to St. Sophia's ON REQUEST for the required surgery
- _____ Any medical care needed for the cat will be performed by a St. Sophia's authorized veterinarian with approval by a St. Sophia's representative
- _____ Any medical work done by an unauthorized vet without St. Sophia's approval will be at my own expense

By Signing below, you confirm that you understand and agree to all of the above information, and that you will comply to have the cat spayed/neutered when requested by St. Sophia's Forgotten Felines personnel.

You understand that failure to comply will result in the cat being returned to St. Sophia's immediately.

STSFF Signature: _____

Adopter Signature: _____

Date: _____

Date: _____