



Tame Cat Application

FixNation
 7680 Clybourn Avenue
 Los Angeles, CA 91352
www.fixnation.org
 Hotline: (818) 524-2287
 Fax: (818) 767-7791

Pet Guardian / Rescue Group Information

Please Complete Form in Full

1. Pet Guardian/Rescue Group's Name			
2. Pet Guardian/Rescue Group's Address		Street: City/State/Zip:	
3. Do you live in the city of Los Angeles? (Not required to be eligible to come to the clinic.)			
		Yes	No
4. Home Phone:	5. Work Phone:	6. Cell Phone:	
7. E-Mail Address:		8. Fax:	
9. How did you hear about us or who referred you to us?			
10. Cat's gender: Male Female		11. Cat's Name: _____	
12. Age of Cat: Tame cats over 5 years of age are not eligible for surgery at FixNation and will need to see a full-service vet. Recommendations can be provided.		13. Cat's Breed/Color: _____	
14. Can you provide adequate post-surgery care for the cat in a safe, warm, quiet location indoors?		Yes	No
15. Can you safely transport the cat to and from FixNation in a hard plastic pet carrier? <i>Note: No cardboard boxes, cardboard carriers or pet bags allowed.</i>		Yes	No
16. Is the cat at least 10 weeks old and weigh at least 2 lbs.? Underweight cats are not eligible for surgery.	Yes	No	Unknown
17. Is the cat pregnant? If so, the kittens will be humanely aborted.	Yes	No	Unknown
18. Is the cat nursing/lactating? If so, please wait until the kittens are 4-6 weeks old before spaying the mother.	Yes	No	Unknown
19. Is the cat sick (i.e. runny nose/eyes, upper respiratory infection)? If so, the cat is not eligible for surgery and needs to see a full-service vet.	Yes	No	Unknown
20. Any special notes or anything you would like FixNation to know about your cat's situation? _____ _____			

Pet Guardian / Rescue Group Confirmation/Signature

By signing this application, I agree to adhere to all FixNation instructions. **Please initial each of the following:**

- _____ I will bring the cat in a **hard plastic** pet carrier; **NO cardboard boxes, cardboard carriers or pet bags allowed.**
- _____ I will ensure there is **only one cat per carrier.**
- _____ I will make sure the cat **does not have any food after midnight** the night before surgery. Water is okay.
- _____ I understand that **kittens under 4 months** old should have **food and water available up until 6:00 a.m.** the day of surgery. Otherwise blood sugar levels drop too low.
- _____ I will make sure that the cat has **adequate post-surgery care.**
- _____ I have read, understand and will comply with FixNation's Clinic Check-In & Drop-Off Instructions and Pre- and Post-Surgery Instructions.
- _____ I agree that FixNation may contact me via email regarding my scheduled visit or FixNation's products, offers and services. We protect your privacy; under no circumstances will your email be shared with any third parties.

 Pet Guardian/Rescue Group Signature

 Date