

FOR UNTRAPPED CATS ONLY

Owner Name: _____

Animal Name: _____

Date: _____

I, acting as owner or agent of the animal named above, hereby request and authorize ASPCA® Veterinary Services of North Carolina, P.C. (AVSNC), through whomever veterinarians or assistants they may designate, to perform an FeLV/FIV test on the animal described above. I understand that I am encouraged to seek out the advice of my regular veterinarian for repeat testing and recommendations.

In the event the animal tests **positive**, I select the following option to be carried out by the AVSNC staff with my permission:

I request that AVSNC spay/neuter the animal as requested in the surgery consent form and return to me (please initial). _____

Do not perform the surgery; return the animal to me unaltered (your animal will be cared for while here at AVSNC (please initial)). _____

Owner Signature: _____