



Maddie's<sup>®</sup> Spay/Neuter Project in  
Erie County, New York  
Surgery Form  
**Feral Cat(s)**  
**Erie County Residents Only**

*Please copy this form and submit one for each feral cat altered through Maddie's<sup>®</sup> Spay/Neuter Project. Only the spay or neuter procedure will be reimbursed, on feral cats left ear tipping required. All other procedures or treatments are optional.*

For surgeries performed on Feral Cats, owner/caregiver please complete this form (Mandatory):

Owner/Caregiver Name _____
Address _____
City, State, Zip _____
Driver's License/ Photo ID Number (Erie County only) _____
Cat Name _____
Breed _____ Age _____
Has this cat received veterinary care prior to this program? _____ Yes _____ No
Where did you acquire your feral cat? _____
Co-payment:      \$10.00 per cat surgery

**\*\*\*A photocopy of driver's license/ other photo ID required verifying Erie County Residency\*\*\***

Clinic Name \_\_\_\_\_

Veterinarian \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Procedure:      \_\_\_\_\_ Cat Neuter      \_\_\_\_\_ Cat Spay

**Left Ear Tipping Required**  
**Rabies, FVRCP (Distemper) Vaccines and Flea treatment recommended**

Medical Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am the feral cat owner/caregiver permitting a veterinarian participating in the Maddie's<sup>®</sup> Spay/Neuter Project in Erie County to altered feral cats in my care.. I authorize transfer of this information to Operation PETS and Maddie's Fund<sup>®</sup>.

I certify that the above spay/neuter surgery has been performed under the guidelines of Maddie's<sup>®</sup> Spay/Neuter Project.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Veterinarian Signature