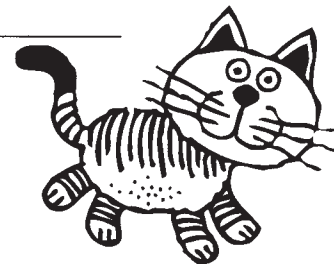


Pets Name _____

Date _____

Feline Surgical Consent

For all procedures involving anesthesia



In order to offer you the peace of mind you deserve, we recommend pre-anesthetic testing prior to placing your pet under anesthesia

PRE-SURGICAL SCREEN: Your pet will be undergoing a surgical procedure that involves injectable and/or gas anesthesia. For the protection of our patients, **we require pre-operative blood screening which includes a 6 panel blood test and electrolytes for all pets 7 years of age and older or with any pre-existing medical conditions.** This blood screening will allow us to find any abnormal values that may cause complications if/when your animal undergoes anesthesia. We recommend this pre-operative blood screen for **all** patients undergoing a procedure that requires anesthesia in order to reduce the risk of complications.

- Yes, I would like the pre-operative blood screen for my pet
- No, I decline the pre-operative blood screen for my pet

We also offer additional bloodwork to check the health of your pet:

- Yes, I would like a complete blood count done on my pet.
(RBC, WBC, PCV, HGB)

IV FLUIDS/CATHETER: Will be placed in all pets 7 years and older or with any pre-existing medical conditions.

FELINE LEUKEMIA TESTING: FELV and FIV are leading *preventable cause* of illness and deaths in cats. It is critically important to test ALL CATS, especially if your cat has never been tested, is sick, newly adopted, been recently exposed to an infected cat, goes outside or if they will be getting vaccinated for FeLV. If negative, prevention by vaccinating is essential.

- Yes No I want my cat tested for this preventable disease.

PAIN MEDICATION: Pain medication promotes healing after any surgical procedure. The anesthesia agents that we use prevent pain during and immediately after the procedure; in addition we will give either an oral or injectable analgesic for 24-hour pain control. If you would like your pet to receive additional pain relief for home use--we can prepare a three day supply of an oral analgesic.

- Yes, I would like additional pain medication prepared for home use.
- No, I do not want additional pain medication prepared for home use.

VACCINATIONS: We require that all animals undergoing surgical procedures and/or staying overnight be current on vaccinations. For cats this includes **RCCP** and **Rabies**.

- Yes No Has your pet been examined by a veterinarian in the last year?
- Yes No Is your pet current on the required vaccinations?

My pet needs:

- Rabies RCCP

I, the undersigned, am the owner or authorized agent for this animal. I acknowledge that a pre-surgical screen was recommended to me preceding the administration of anesthesia. You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. **All animals admitted must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas, ticks or ear mites will be treated at the owner's expense.**

Signature of Owner/Agent _____

Phone _____

