

Office use only:

Pet Weight _____

Was pet fasted? Y / N _____

Were meds given? Y / N _____

Procedure _____

Receptionist/Tech initials _____

**COMPANION ANIMAL HOSPITAL
2800 West Henrietta Road
Rochester, NY 14623
585-424-2900**

Label Office Use Only

**FELINE SURGERY and DENTAL
CONSENT FORM**

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We always **recommend** a pre-op blood profile to check for adequate numbers of blood cells and to check proper function of the kidneys and liver that may not be evident on a physical examination. The testing is **REQUIRED** for animals 7 years old or older.

- Please complete pre-op blood tests
- I **DECLINE** pre-op blood testing
- My pet has had pre-operative blood testing performed within the past 30 days

IV CATHETER AND INTRAVENOUS FLUIDS

In our continued commitment to providing your pet with the best medical care we will place an intravenous catheter and administer intravenous fluids during any procedure requiring general anesthesia for more than 5 minutes. With the IV catheter and fluids we can help protect kidney function and maintain blood pressure, and it also gives us direct access to the veins in the unlikely event of a crisis.

PAIN/COMFORT MEDICATION

Pain medications are administered to all surgical patients. If your cat is having a declaw surgery we require a Fentanyl pain patch to be applied the night before to help relieve your pet's discomfort after waking up.

DENTAL PROCEDURES

Occasionally **intraoral radiography, tooth extraction, or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us a number where you can be reached.**

Do you authorize tooth extraction(s) or repair without contacting you first? YES NO* PHONE# _____

*If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures

RECOMMENDED TESTS

FECAL TEST

YES Please provide a fecal examination for my pet. I understand there is a charge for this test.

FELINE LEUKEMIA VIRUS/FIV VIRUS COMBO TEST: For both indoor and outdoor cats that have never been tested.

YES Please test my cat for both Feline Leukemia Virus and the FIV Virus. I understand there is a charge for both tests

VACCINES

We require that all pets are current on their Rabies vaccination and Distemper vaccination. We recommend an annual Feline Leukemia Virus booster for outdoor cats, after initial testing is done. There will be an exam charge if vaccines are given.

YES, please administer only the following that are checked: _____ DISTEMPER _____ RABIES _____ LEUKEMIA VIRUS (There is a charge for each vaccine)

PERMANENT IDENTIFICATION

We can implant a micro-chip on your pet for an ID that can't get lost! This simple procedure can be performed while your pet is here today for an additional cost. Does your pet have a microchip? Yes ___ No ___ Would you like a micro-chip implanted today? Yes ___ No ___

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: _____ Witness to Signature: _____ Date: _____