

## SURGICAL ADMISSION FOR CAT

Your cat \_\_\_\_\_ is being admitted today to have the following procedure(s) performed:  
Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Dental \_\_\_\_\_ Growth \_\_\_\_\_ Lab \_\_\_\_\_ Orthopedic \_\_\_\_\_ Declaw \_\_\_\_\_ Other \_\_\_\_\_

Please answer the following questions concerning your cat's surgery:

1. Has your pet had anything to eat today? \_\_\_ Yes \_\_\_ No
2. Has your pet had his/her Rabies vaccine in the last year? \_\_\_ Yes \_\_\_ No
3. Is your pet currently on any medications? \_\_\_ Yes \_\_\_ No If so, please list all medications: \_\_\_\_\_

\*\*\*\*We recommend a blood panel be run before surgery to help detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample. The cost of the recommended panel is \$44.00 to \$150.00 (depending on age and health of the animal).

- \_\_\_\_\_ Yes, I want the recommended panel.  
\_\_\_\_\_ No, I do not want the recommended panel.  
\_\_\_\_\_ Yes, I want the Fel-FIV test.  
\_\_\_\_\_ No, I do not want the Fel-FIV test.

\*\*\*\*We recommend pre and post operative pain management for your pet's comfort during the recovery period. The cost for the pain management medication is \$12.00-\$30.00.

- \_\_\_\_\_ Yes, I want pain management for my pet.  
\_\_\_\_\_ No, I do not want pain management for my pet.

\*\*\*We recommend post operative therapy laser treatment to promote healing and relieve pain. The cost of the therapy laser is \$20.00.

- \_\_\_\_\_ Yes, I want the therapy laser treatment for my pet.  
\_\_\_\_\_ No, I do not want the therapy laser treatment for my pet.

Please check any additional procedures you may want on your pet at this time:

- \_\_\_\_\_ Complete yearly vaccinations
- |                          |                             |                              |
|--------------------------|-----------------------------|------------------------------|
| _____ Rabies vaccination | _____ Fecal examination     | _____ Felv-Fvrpc vaccination |
| _____ Nail trim          | _____ Anal Gland Expression | _____ Ear wash               |
| _____ Microchip          | _____ Other: _____          |                              |

*if fleas are found on your pet, a one time pill will be administered to treat them at a cost of \$6.50.*

\*\*\*\*\*

I am the authorized owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery. I also understand that payment for these procedures is due at the time of discharge.

I understand that during the performance of the procedure(s), unforeseen conditions may arise that may necessitate extending the procedure or may require different procedures than those previously set forth. I hereby consent and authorize the performance of any additional procedures deemed necessary by the veterinarian for the well being of my pet.

I understand that there are inherent risks involved with anesthesia and any surgical procedure, including death, and I release the Claxton Veterinarian Clinic and its doctors from any liability associated with these procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date