

Client  
Phone

Patient  
Species  
Breed  
Weight

Sex  
Age  
Color  
lbs.

### FELINE NEUTER SURGERY CONSENT FORM

I hereby authorize to perform Surgical procedure, operation, and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures or operations as are necessary and advisable in the professional judgement of the veterinarian.

#### VACCINATIONS REQUIRED/NEEDED FOR SURGURY PATIENTS

Rabies 1 year <input type="checkbox"/>	Distemper(FVRCP) <input type="checkbox"/>	Feline Leukemia vaccine <input type="checkbox"/>	Nail Trim <input type="checkbox"/>
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Our most important priority is the health and well-being of the animals and safety of our employees. For this reason, we reserve the right to decline surgical procedure on any animal that is not current(within last 12 months) on vaccines. **NO EXCEPTIONS.**

#### RECOMMENDED TESTS

Mandatory for all sick pets & pets over 6 years of age.

<p><b>Pre-Anesthetic Internal Organ Screening Test:</b> Pre-anesthetic blood tests provide vital information about the internal organs like Liver, Kidneys, Pancrease and help us determine anesthesia and its dose. These organs help metabolize anesthetics and help patient recover from anesthesia.</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize these <b>pre-surgery internal organ screening tests(Chemistry10) (\$\$\$)</b></p>
<p><b>Pre-Anesthesia Cardiac Enzyme SNAP Feline proBNP Blood Test:</b> Quickly assess cats with cardiac risk factors. Cats are known to have hidden cardiac disease and sometimes not detectable by routine exam, SNAP proBNP test apparently healthy cats considered at risk for cardiac disease(murmur, breed, history, arrhythmia), any cat with respiratory signs to help rule out cardiac causes, and adult cats prior anesthesia</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize these <b>pre-surgery Feline proBNP blood tests (\$\$)</b></p>
<p><b>Felv/FIV Blood Test:</b> Cats are must be tested once for Felv/FIV test, specially if your cat comes in contact with feral cats or goes outside. These are diseases affect immune system and can cause multiple organ failures or sickness of unknown origin.</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize <b>Felv/FIV Test (\$\$)</b></p>

#### SURGERY INCLUDES FOLLOWING MEDICATIONS

1. Pain injection
2. Antibiotic injection
3. Pain medicine to go home for 3 days
4. Oral antibiotics to go home for 7 days

#### RECOMMENDED & NOT INCLUDED WITH SURGERY

- I DO  Authorize **Exam (\$\$)** prior surgery, I DO NOT  Authorize Exam & accept all the risks & declare my pet is healthy.
- I DO  DO NOT  Authorize an **ecg cardiac screening under anesthesia & read by cardiologist(\$\$)**
- I DO  DO NOT  Authorize an **intravenous catheter(\$\$)**
- I DO  DO NOT  Authorize **fluids(Subcutaneous or i/v if catheter is authorized) (\$\$)**
- I DO  DO NOT  Authorize Home again **microchip(\$\$) 1 year** registration included
- I DO  DO NOT  Authorize a **Elizabeth Collar** to prevent chewing or licking at incision site(**starts at \$\$**)
- I DO  DO NOT  Authorize evening(pre-discharge) **additional pain injection(s) (\$\$/each)**

1. **Male cats with un-descended testicles will have additional charges and in some instances require second surgery at an additional cost.**
2. **Any post surgery complications if develop are not included in surgery charges.**

I read and understand this consent/authorization form

Signature of Owner or agent: \_\_\_\_\_

Date: \_\_\_\_\_ Cell # \_\_\_\_\_

