

Cat Care of Fayette

Hospital • Grooming • Boarding
Catering to Felines & Furry Exotics

Spay, Neuter, Declaw Surgery Consent

Owner's name: _____ Date: _____

Phone Number where you can be reached today: _____

Pet's name: _____ Requested Surgical Procedure(s): _____

Does your pet have insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I would like more information
If so, do you need a claim form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Did your pet eat this morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Any vomiting, coughing, sneezing, diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Has your pet been ill or injured in the past 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Has your pet ever had an anesthetic problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Please explain: _____			
Is your pet allergic to any drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Please list: _____			
Is your pet currently on any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Please list: _____			

Has your pet been checked for FELV/FIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Is your pet on heartworm preventative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Does your pet have a history of seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know

Pre-Anesthetic Screening Consent: \$69.50 (1-7yrs) \$99.25 (7+yrs)

For the enhanced protection of our patients, we recommend pre-surgical screening of all pets prior to administration of anesthesia. Although we do perform a pre-surgical exam, many conditions, including disorders of the kidneys, liver and blood cannot be detected without blood lab screening. Pets over the age of seven require a more extensive profile.

I DO I DO NOT authorize the Pre-surgical Blood Screen

IV Catheter and fluids Consent: \$62.50

We recommend intravenous fluid therapy during all surgical procedures to maintain hydration and venous pressure. This also provides an available port for injection of emergency medications if needed.

I DO I DO NOT authorize my pet to have an IV Catheter

Pain Relief:

For the comfort of our patients, we provide a pain relief injection prior to all routine surgeries. This injection allows the pet to rest and enhances the pet's recovery. Take home liquid or tablets are available for pets needing additional pain relief.

HomeAgain Microchip Consent: \$48.50

For the safety of our patients, we recommend a microchip implant to assure the safe return of any lost pets. While your pet is sedated is the best time to inject the implant. My pet is already microchipped

I DO I DO NOT authorize my pet to be implanted with a microchip

If your pet's vaccine history is not verifiably current, your pet will receive all mandatory vaccines if possible.

I authorize Cat Care of Fayette to examine and treat my pet, and by signing below declare that I have authority to approve such treatment. Signer agrees to take financial responsibility in the event the doctor suffers damages due to treatment that was fraudulently, or improperly, authorized by signer.

I understand that I am responsible for all charges incurred and must pay for those charges in full upon services being rendered. **(We do not accept checks as a form of payment)**

Owner/Agent Signature: _____ Date: _____