

North Central Missouri Veterinary Services Feline Surgery Consent

Client: <first-and-spouse> <last-name> **Acct#:** <number> Surgery Date: <appt-date>

Patient: <animal> Breed: <breed> Color: <color> Age: <age> Sex: <sex-name>

Procedure: _____

1) I have kept food away for the last 12 hours: YES/NO

2) I would like my pet to have take-home pain medication (\$14.50): YES/NO

3) All animals being kept for procedures must be current on vaccines. (Check one)

___ My pet is current on vaccines and was last vaccinated on _____.

___ My pet is NOT current on vaccines and I would like Rabies & FVRCP to be given today (\$46.50).

4) Our doctors recommend that pre anesthetic blood work be performed before surgery to get a base line evaluation of kidney, liver, and blood cell information prior to placing your pet under anesthesia.

I would like my pet to have pre anesthetic blood work (\$42.00): YES/NO

5) Placing an IV catheter and administering fluids during surgical/anesthetic procedures is important. An IV catheter allows our staff quick access to administer meds during surgery. Giving fluids through an IV catheter during procedures aids in maintaining hydration, blood pressure, and body temperature. All of these factors affect a patient's recovery time.

I would like my pet to have IV catheter/fluids (\$39.00): YES/NO

6) Feline leukemia virus (FeLV) is a retrovirus that infects cats. FeLV can be transmitted from infected cats when the transfer of saliva or nasal secretions is involved. If not defeated by the animal's immune system, the virus weakens the cat's immune system which can lead to diseases that can be lethal. It is highly contagious and incurable.

I would like my cat to be tested for FeLV today (\$29.00): YES/NO

7) ___ My pet is current on flea prevention and was last treated on: _____

___ My pet is not current on flea prevention.

*Should any fleas or ticks be observed, I understand that treatment will be applied to my pet at my cost.

8) I would like the following additional elective procedures performed while my pet is here today:

___ Nail Trim (\$10.50) ___ Microchip Implantation (\$32.50)

By signing this consent form, I agree that the following statements are true:

-I am the owner (or owner's agent) of <animal>.

-I understand that anesthesia is not without risk and that North Central MO Vet Services will take necessary precautions to ensure the safety of my pet. I have been explained the risks involved and will not hold North Central MO Vet Services responsible for any complications resulting from responsible performance of anesthesia. I accept responsibility for those risks associated with anesthesia.

-I authorize North Central Missouri Vet to anesthetize my pet for the purpose of the above mentioned procedure(s).

Signature: _____ **Date:** _____

Best phone number to call today: _____