

# Procedures, Anesthesia & Medical Authorization Release Form

Client's Name: \_\_\_\_\_ Client #: \_\_\_\_\_ (Office Use Only)

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Vaccines Given: (Office Use Only) \_\_\_\_\_

Procedure(s) \_\_\_\_\_

Patient has not consumed any food this morning \_\_\_\_\_ (Initials)

I certify that I am the owner, or authorized agent for the owner, of the above cat. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit this cat, perform the above described procedures, and administer medications, anesthesia, surgical procedures, dental, radiographs, tests and or treatments that the doctors deem necessary for its health, safety and well being while under their care and supervision. **I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made.** You are encouraged to discuss any concerns with the doctor before admission. **Every patient is combed for fleas. If fleas are found on your cat, we will treat the cat at your cost.** \_\_\_\_\_ (Initials)

**Have you applied any flea product within the last month? \_\_\_\_\_ yes \_\_\_\_\_ product/date \_\_\_\_\_ no**

If your cat is undergoing an anesthetic procedure, rest assured that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications. Nevertheless, some risks always exist and because of this, we require various pre-anesthetic screening tests on all cats over age 8. (Optional, but highly recommended, for cats under age 8)

Pre-surgical blood work consists of a CBC, which will check blood cells, and a blood chemistry panel, which will check blood glucose, kidney and liver enzymes.

**The cost of this testing is \$139.50. Please initial one of the following.**

Please complete the **optional (under age 8)** blood work on my cat. I understand this is highly recommended as it provides a baseline for future use and can rule out issues that may make anesthesia riskier. \_\_\_\_\_ (Initials)

My cat is under 8 years of age **OR** has had the required blood work run within the last 3 months. Therefore, I have elected to **decline** the pre-anesthetic blood work at this time and request that you proceed with the anesthesia, surgery and/or dental understanding possible risks. \_\_\_\_\_ (Initials)

**Required** blood work is to be completed on my cat (**age 8+**). If no abnormalities are found, please proceed with the anesthesia, surgery and/or dental procedure(s). If abnormalities are found, we will contact you at the phone number you have listed on this form prior to proceeding. \_\_\_\_\_ (Initials)

## MASS REMOVALS ONLY:

Please perform biopsy \_\_\_\_\_ (Initials)

No biopsy requested \_\_\_\_\_ (Initials)

Should life-saving emergency care be required, and the clinic staff is not be able to reach me:

**Please initial one of the following.**

the staff has my permission, and I agree for them to provide emergency treatment. If these services are provided, I understand I am responsible to pay for this service. \_\_\_\_\_ (Initials)

the staff does **NOT** have permission to provide treatment, and I understand the likely outcome of this decision. \_\_\_\_\_ (Initials)

**DENTALS:** I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding jaw. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue on one side or the other. Please note that we do not perform dental X-rays at this facility.

**Please initial all that apply.**

I consent to necessary extractions at the discretion of the doctor. \_\_\_\_\_ **(Initials)**

Any questions or concerns I had about the recommended procedure(s) have been answered to my satisfaction. \_\_\_\_\_ **(Initials)**

Microchipping your cat involves inserting a tiny rice-like microchip under your cat's skin. This chip then holds your cat's identity for life and also allows us to check his/her temperature via scanning, versus rectally with a thermometer. If your cat is ever lost and a local shelter or veterinary practice finds it, the law requires that all cats be scanned for a microchip before they are adopted out or euthanized. The cost for this procedure is \$54.50. **Please initial one of the following.**

I would like my cat microchipped: YES \_\_\_\_\_ NO \_\_\_\_\_

In the event of an unexpected overnight stay (recommended for spays and declaws), I understand that continuous presence of personnel is not provided during these hours. Therefore, I am opting to: **Please initial one of the following.**

- \_\_\_\_\_ leave my cat at this facility at the Doctor's discretion
- \_\_\_\_\_ pick up my cat and provide such care in my home, in which case I accept all risks
- \_\_\_\_\_ have my cat transferred to a local emergency clinic for overnight care at my own expense

**In case of an emergency I can be reached at the following phone number(s).**

\_# \_\_\_\_\_

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged. (In the event of an open balance, there is a \$5.00 monthly fee.)

**Please initial the following.**

\*All surgical procedures require a \$150.00 deposit, I agree to pay a deposit of \$150.00 and assume financial responsibility for the remaining fees, which will be paid in full at time of discharge. \_\_\_\_\_

I further agree that either I, or an authorized agent, will pick up this cat and pay for all accrued charges within five days after receiving written or oral notification that my cat is ready to be released. Such notice will be given at the phone/address maintained on the clinic's patient/client record. I understand that if I fail to comply with this policy, the practice will handle this as an abandonment case, and I will be responsible for all fees incurred.

**Signature of Owner (Authorized Agent)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature (Office Use Only)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*ALLENTOWN CAT CLINIC HAS PERMISSION TO POST MY CAT ON SOCIAL MEDIA \_\_\_\_\_ (Initials)**