

FELINE SURGERY AUTHORIZATION

The information requested tells us the things that you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank You.

WHAT TYPE OF SURGICAL PROCEDURE IS YOUR CAT HERE FOR TODAY.

_____ Spay _____ Neuter _____ Front Declaw _____ Rear Declaw _____ All 4 Declaw

_____ Growth Removal. Location _____ Biopsy? Yes No Initials _____

_____ Insert Datamars I.D. Chip _____ Teeth Cleaning. _____ Dental Extractions - Initials _____

_____ Other Procedure not listed. _____

Do you want Pre-Surgery bloodwork be done on your animal? Yes No Initials _____ - \$88.00

Do you want a Feline Leukemia/Fiv Test done on your cat? Yes No Initials _____ - \$48.00

Circle any additional services you want done for your cat today.

Ear Cleaning Rabies Vacc DRCP Vacc Leukemia Vacc Nail trim

Stool Sample Check EKG X-Rays Urine Analysis Bloodwork

FLEA PREVENTION WILL BE GIVEN IF NEEDED, TO PREVENT HOSPITAL INFESTATION. PAIN MEDICINE WILL BE GIVEN TO YOUR CAT IF FELT NECESSARY!

I am the owner(or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for purposes of diagnosis, treatment, surgery or other procedures, as specified by this release, and approve the use of whatever anesthetics you deem advisable for the well-being of the animal. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill, or die. I absolve you of all liability arising from the performance of procedures requested herein.

Your Signature _____ Date _____

Phone Number where you can be reached TODAY _____