

Office use only:

Pet Weight \_\_\_\_\_  
Was pet fasted? Y / N \_\_\_\_\_  
Were meds given? Y / N \_\_\_\_\_  
Procedure \_\_\_\_\_  
Receptionist/Tech Initials \_\_\_\_\_

**PALMYRA VETERINARY HOSPITAL**

1215 Canandaigua Road  
Palmyra, N.Y. 14522  
315-597-4567

Label

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**FELINE SURGERY AND DENTAL CONSENT FORM**

NEW PATIENTS

If this is your pet's first visit with us, there will be a charge for a full physical examination of your pet to insure that there are no existing health problems that could possibly complicate the procedure you have scheduled. There will be a charge for this exam.

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We perform a presurgical blood profile to check for adequate numbers of red and white blood cells and to check for possible kidney and liver problems.

Complete presurgical blood tests that you recommended.

ANESTHETIC MONITORING / FLUID THERAPY

All surgical patients are monitored under anesthesia with a blood pressure and respirator monitor and receive subcutaneous fluids during surgery. We recommend an IV catheter and fluids to enhance the safety of this procedure by maintaining blood pressure and kidney function.

CATHETER / IV FLUIDS / or  SQ FLUIDS

PAIN/COMFORT MEDICATION

Pain medications are administered to all surgical patients both in the hospital and at home.

VACCINES

We require that all pets are current on their Rabies and Distemper vaccinations.

There will be an exam charge if a physical exam is not current and/or vaccines are given. If fleas are seen on your pet, Advantage will be applied while he/she is in the hospital at the owner's expense. We recommend an annual Feline Leukemia Virus booster vaccine for outdoor cats if he/she has tested negative for the leukemia virus.

YES, please administer the following vaccines:  DISTEMPER  RABIES  LEUKEMIA VIRUS

\*Occasionally, a pet can have a reaction to the vaccines. The reaction can be as mild as a few hours of being a bit lethargic to, in very rare cases, death from anaphylactic shock. It is impossible to predict which pets are prone to vaccine reactions; however, every effort will be made to treat your pet, should a reaction occur. **If you are aware of your pet having had a vaccine reaction in the past, please let the doctor know so that precautions can be taken.**

DENTAL PROCEDURES

Occasionally tooth extraction(s), are necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. There is an additional cost for this procedure. If you would like to be called to discuss any necessary extractions, please let us know now, and leave us a number where you can be reached.

Do you authorize tooth extraction(s) without contacting you first?  YES  NO\*

*\*If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures.*

RECOMMENDED TESTS

**FECAL TEST** For cats that have not been tested within the past year.

YES -- Please provide a fecal examination for my pet. I understand there will be a charge for this test.

**FELINE LEUKEMIA VIRUS/FIV VIRUS COMBO TEST:** For both indoor and outdoor cats that have never been tested and are over 6 months of age.

YES -- Please test my cat for both Feline Leukemia Virus and the FIV Virus. I understand there is a charge for both tests.

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I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: \_\_\_\_\_ PHONE # \_\_\_\_\_ Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_