

# GRAYLING HOSPITAL FOR ANIMALS

## ROSCOMMON VETERINARY CLINIC

### FELINE CONSENT FORM ANESTHETIC, SURGERY & HOSPITALIZATION



*Dedicated to  
Veterinary  
Excellence*

OWNER \_\_\_\_\_ PET \_\_\_\_\_

PROCEDURE \_\_\_\_\_ PHONE NUMBER TODAY \_\_\_\_\_

FRONT DECLAW ONLY \_\_\_\_\_ FOUR FOOT DECLAW \_\_\_\_\_

I hereby authorize The Grayling Hospital for Animals P.C to perform the above procedure(s). In addition I understand that during performance of this procedure, unforeseen conditions may arise that necessitate an extension or variance in the procedure(s). set forth above. I am aware that unforeseen events arising from the procedure(s). will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I have been advised as to the nature of the procedure or operation and the risk involved.

We recommend all cats be current on vaccinations fo Distemper, Upper Respiratory Viruses and Rabies when hospitalized. We also recommend testing for Feline Leukemia and Feline Aids (dependant on age) prior to vaccinations to determine that your cat is not already carrying the virus.

#### I WANT MY PET TO RECEIVE:

INTESTINAL PARASITE TESTING YES \_\_\_\_\_ NO \_\_\_\_\_

FEL\FIV TESTING YES \_\_\_\_\_ NO \_\_\_\_\_

#### VACCINATE MY CAT FOR:

RABIES YES \_\_\_\_\_ NO \_\_\_\_\_

DISTEMPER YES \_\_\_\_\_ NO \_\_\_\_\_

LEUKEMIA YES \_\_\_\_\_ NO \_\_\_\_\_

We strongly recommend preanesthetic blood testing before any procedure because it minimizes the risk of complications. Please rest assured that advances in anesthesia and surgery have made procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine examination. PLEASE INITIAL THE FOLLOWING RECOMMENDATIONS ALLOWING US TO PROVIDE YOUR PET WITH THE BEST QUALITY HEALTH CARE.

I ACCEPT PRE-ANESTHETIC BLOOD TESTING YES \_\_\_\_\_ NO \_\_\_\_\_

I ACCEPT FLUID THERAPY YES \_\_\_\_\_ NO \_\_\_\_\_

I have read and understand this authorization and consent form above and agree to pay services in full at the time my pet is discharged, unless previous arrangements have been made with the office manager. If any further questions or concerns, a veterinarian or veterinary technician will be glad to address these issues with you.

SIGNATURE OF EXCLUSIVE OWNER \_\_\_\_\_ DATE \_\_\_\_\_

MY SIGNATURE ALSO VERIFYS THAT I AM OVER 18 YEARS OF AGE.