

Name of Owner: _____ Name of Pet: _____

Authorization & Consent Form for Feline Neuter

Best phone number for the doctor to call you today: _____

Would you like us to text you a photo of your pet post procedure? **Yes No**

*** If yes, please include the best cell phone number for us to text: _____*

Do you permit us to use your pet's photo on our Facebook/Social Media? **Yes No**

If we do not already have it, please provide your preferred email address: _____

Would you like your pet to receive a complimentary nail trim? **Yes No**

Are there any other procedures you would like done while your pet is here today? **Yes No**

*** If yes, what would you like done? _____*

Is your pet acting normal? **Yes No**

*** If no, please explain: _____*

When did your pet last eat? (Please include date & time): _____

Has your pet been medicated today? **Yes No**

*** If yes, please list med(s) and times the med(s) were given: _____*

Would you like an estimate of the cost for the anticipated procedures? **Yes No**

*** If you have already received an estimate, please write the estimated total here: _____*

Please add any additional notes for the doctor here: _____

Blood Work Consent

We recommend that pets undergoing deep sedation have basic blood work done prior to the procedure. In apparently healthy, young pets, we suggest a basic blood panel to check for anemia, diabetes, total red cell volume, electrolytes and kidney function. The cost is \$127.

In cats seven and older and pets with medical/surgical problems, we recommend a more comprehensive pre-anesthetic blood panel to assess red and white cell count, platelet count, liver and kidney functions, electrolytes, and blood sugar. The cost is \$276.

Do you consent to blood work being done for your pet? **Yes No Already Done**

Name of Owner: _____ Name of Pet: _____

Anesthesia Support (IV Catheter)

Feline neuters typically do not need general anesthesia. However, in the event that your pet has complications with the procedure, like excessive bleeding, we may need to use general anesthesia to correct the problem. We will contact you immediately in this case, but we would like to have authorization in the unlikely event that this shall occur.

We recommend that all pets that will be anesthetized have an intravenous catheter and receive intravenous fluids during the anesthesia, dental/surgical procedure and recovery from anesthesia. Having a catheter placed in a vein before the induction of anesthesia allows us to treat any unforeseen complications that may arise during the procedure ie, hypotension (low blood pressure), cardiac arrhythmias (irregular heart rate), unusual amount of pain, etc. The administration of fluids during the anesthesia/procedure hastens the recovery process and helps maintain normal blood pressure.

Do you understand that if your pet needs general anesthesia, an IV catheter and fluids will be administered?

Yes No

General Anesthesia

In the unlikely event that general anesthesia is needed, we would like to have your approval to proceed if there are complications that arise (uncontrolled bleeding, adverse reaction to the sedative used, etc). We will ALWAYS call you immediately if there is issue with your pet, but in case we cannot get a hold of you, we would like to have authorization to do what is necessary for the health and safety of your pet.

Do you give authorization to use general anesthesia on your pet if needed, and understand the risks associated with anesthesia? **Yes No**

Microchip

If your pet is lost, your pet could be identified with the microchip and easily returned to you. The cost is \$101 for the microchip and registration. Would you like to have a microchip inserted under the skin, between the shoulders, for permanent identification? **Yes No Already Done**

I am the owner, responsible agent for, or authorized agent of this pet. I understand the nature of the procedure(s), that there are risks involved with anesthesia, surgery/procedure and or dental prophylaxis. I understand that sedation and/or general anesthesia may be necessary to perform the scheduled procedures and to insure safety of pets and employees. I authorized the veterinarians and the staff of Arguello Pet Hospital to perform all procedures as set forth above, including anesthesia, surgery, dental, medical services, treatments, laboratory tests, x-ray and medications. Further, in case of an emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgment in order to address the unforeseen emergency. I understand that an attendant is not on the hospital premises 24 hours per day. I agree to pay in full for all services performed, including those deemed necessary for medical or surgical complications and/or unforeseen circumstances.

Client Signature: _____ **Date:** _____