



SENIOR Feline (6+ years of age) Surgery Consent Form

Owner's Name: _____ Patient (Cat's) Name: _____

***Phone #** where we may contact you for further information or in case of an emergency: (_____) _____ - _____

What type of surgery is your pet scheduled for today*? (Please circle all that apply)

Spay (female) Neuter (male) Declaw front only Declaw ALL 4 feet Dental other _____

***All spays and declaws are performed with a laser for less pain, less swelling, less blood and faster recovery time.**

Is your pet current on vaccines? ** YES NO **We do not require cats be up to date on vaccinations prior to surgery. Should you elect for your cat NOT to be up to date prior to surgery, Spring Meadow Vet Clinic will not be held responsible for any sickness incurred during your cat's stay; your cat should be current on all vaccines, for best results all vaccines MUST be given at least 2 weeks prior to the hospital stay. (See below to have your cat updated on vaccines during this visit).

Your senior pet's surgery treatment plan will also include a Pre-Anesthetic Blood Panel, the placement of an IV catheter and pain medication for your pet to go home with after the surgery.

Additional Services	Description	Cost	Accept	Refuse
Biopsy for patient having lumps removed	<i>If your pet is having a lump removed today, we recommend that the lump be sent to the lab for a histopathology (a test to tell us what type of lump it is). We will have results in 5-7 business days.</i>	\$120 to \$165		
Feline Leukemia/FIV Testing	Feline Leukemia and FIV (Feline Immunodeficiency Virus) are two viruses spread through saliva and blood during grooming or fighting. All cats are susceptible unless vaccinated.	\$45		
HomeAgain Microchip Permanent ID	1 in 3 pets will get lost; Without ID, 90% won't return home. <i>If you desire, we can place a Home Again microchip at a reduced cost (\$5.00 off) while your pet is under anesthesia.</i>	\$45		
Vaccinations	Initial below if you would like your cat to be vaccinated today. We recommend all cats be vaccinated annually for: ___ FVRCP (Feline Viral Rhinotracheitis, Calici and Panleukopenia) \$30.00 ___ FeLV (Feline Leukemia) \$20.00 ___ Rabies Vaccine \$22.00	See box to left		
Parasite Testing	We recommend an intestinal parasite screen to ensure your pet is free of intestinal parasites such as roundworms, hookworms, etc.	\$29		

***If Fleas are present on your pet during the time of surgery, your pet will be given a dose of medication that will kill the fleas for 24 hours; this fee will be added to your total invoice. _____**

I understand that during the performance of the foregoing procedure or surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure or surgery, or of different procedures or surgeries than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures or surgeries, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above-described animal(s) and have the authority to execute this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that these charges will be paid for at the time of release and a deposit may be required. I hereby consent and authorize the performance of the procedure(s) listed above.

Signature of Pet owner

Date