



FELINE SURGERY RELEASE FORM

Client Name

Patient Name

Client Contact Number

Patient Breed

Patient Sex

Patient Age

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors of the Animal Care Clinic, to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain medication as needed before or after the procedure.

PREOPERATIVE BLOODWORK - \$70.00

Your pet is scheduled for a procedure requiring general anesthesia and should do fine. We will perform a physical exam before administering anesthesia. We highly recommend a pre-op blood profile be performed to insure your pet is at low risk during anesthesia. By performing this important pre-op blood profile, we will be able to rule out preexisting internal problems that may not be evident on physical exam, but could lead to serious complications.

Agree to test Decline at this time

FELINE LEUKEMIA TESTING - \$47.00

We recommend that your cat be tested for Feline Leukemia prior to anesthesia if not already current on vaccines.

Agree to test Decline at this time

Signature

Date

Name (Printed)