

For Cats Only Veterinary Clinic, LLC
Anesthesia and Surgical Procedures Authorization Form

Owner(s) Name: _____ Date: _____
Pet's Name: _____ Emergency contact number _____
Procedure(s) authorized to be performed: _____

Please read carefully and sign below:

1. Is your cat current on Rabies vaccination? **YES** **NO**
Is your cat current on FVRCP vaccination? **YES** **NO**
If not, will today be its first FVRCP vaccination? **YES** **NO**
If your cat is not current on vaccines, they will be updated during this visit.

2. Has your cat been tested for feline leukemia and FIV? **YES** **NO**
If not, we strongly recommend this test be performed.
I **ACCEPT** **DECLINE** this test (\$46.00).

3. If your cat goes outdoors, we strongly recommend feline leukemia vaccinations.
Would you like us to give this vaccine at this visit? **YES** **NO**

4. Before anesthesia, your cat will be given a complete physical exam. If parasites are found during this exam, your cat will be treated for the parasites at your expense.

5. We recommend* a pre-anesthetic blood screen to ensure that your cat is in a low-risk category for anesthesia.

I **ACCEPT** **DECLINE** a pre-anesthetic blood screen (\$78.75)

I **ACCEPT** **DECLINE** an EKG screen (\$43.00)
(*The pre-anesthetic blood screen is required for cats 6 years and older.)

6. Can we give your cat a courtesy nail trim? **YES** **NO**

I, the undersigned owner or agent of the owner of the pet identified above, authorize Dr. Renee L. Ziegler-Post and staff at For Cats Only Veterinary Clinic, LLC to perform the above procedure(s). I understand that some risks always exist with anesthesia and surgical procedures and that I have been encouraged to discuss any concerns I have about those risks with Dr. Ziegler-Post before the procedure(s) is/are initiated. My signature on this form indicates that all my questions have been answered to my satisfaction, and I accept the risks involved with the procedure(s).

While I acknowledge that all procedures will be performed to the best of the abilities of the staff at this clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved, and I release For Cats Only Veterinary Clinic, LLC and its veterinarians from any professional liability related to the outcome. I also understand that unforeseen conditions may arise during the course of the procedure(s) which may necessitate the performance of additional procedures at additional cost. I agree to assume financial responsibility and provide payment at the time services are rendered.

Signature of Owner or Authorized Agent _____
Print name: _____