

Surgery Consent Form-Feline

Pet _____ Owner _____

Patient ID _____ DOB _____ Age _____ Weight _____

Well Pet Exam – If your pet has not been in to see our doctors in the **last 12 months** this is necessary.

Pre-anesthetic Blood Testing

Even though a physical examination will be done before your animal has surgery, disorders of the liver, kidneys or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we require pre-anesthetic blood screens. **Blood screening is required.**

Intravenous Fluids

Intravenous fluids given during surgery help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop. For these reasons, we highly recommend this for all pets.

Pets over 7 years old, IV Fluids are required.

_____ **Yes**, I want my pet to have fluids.

No, I do not want my pet to have fluids _____
(My pet is under 7 years old)

Pregnancy: If my pet is found to be pregnant I **Want / Do not want** her to be spayed anyway.
(Charges will still apply; Anesthesia, Pain meds & Surgery Time)

While your pet is in the clinic, would you like any of the following services performed?

FELV/FIV Test	Yes	_____	No	_____
Leukemia Test	Yes	_____	No	_____
FVRCP Vaccine	Yes	_____	No	_____
Leukemia Vaccine	Yes	_____	No	_____
FVRCP/LV Combo Vaccine	Yes	_____	No	_____
Rabies Vaccine	Yes	_____	No	_____
Microchip	Yes	_____	No	_____
Toenail trim	Yes	_____	No	_____

Consent for Treatment

I hereby authorize the doctors at Countryside Veterinary Service to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further communication with me. Finally, CVS reserves the right to administer pain medication and/or antibiotics at the veterinarian's discretion. I understand that I assume financial responsibility for all services rendered.

Signed by owner or agent _____ Date _____

Phone number where owner or agent can be reached today between 9am and 1pm _____
(PLEASE realize that if we cannot reach you, the veterinarian will make decision on your behalf)