FELINE ANESTHESIA/SURGERY RELEASE FORM

Owner's Name: _____ Cat's Name: _____

Emergency Number_____

I authorize Country Hills Veterinary Clinic to perform the following anesthetic operation on my pet: _____

Your pet is scheduled for surgery. **Our doctors recommend a blood profile to ensure that your pet is in a low risk category prior to anesthesia.** This is especially important for cats over 7 years of age. Some pets may have pre-existing internal problems that produce surgical complications that may not be apparent on physical exams. These problems include anemia, abnormal clotting, and problems with the liver, kidney, or other organ conditions. Please accept or decline these services as indicated below.

Blood Profile #1 (Pets up to 7 years of age) *Checks liver, kidney enzymes, glucose level* *Plus a complete blood count*	**Accept_____**	**Decline_____**
Blood Profile #2 (Pets 7+years of age) *Checks same as above, more extensive* *Includes pancreatic, electrolytes*	**Accept_____**	**Decline_____**

All cats are required to be current on all vaccinations including Rabies, FELV/FVRCPC before any pre-anesthetic procedure. Our doctors recommend that all cats be tested for Feline Leukemia and Feline AIDS. These diseases are highly contagious and can be fatal. There is also an additional charge for any cat that is in heat, pregnant, obese, feral or requires any alternate anesthetic in addition to the usual anesthetic . Fecal Examination is also recommended to check for intestinal parasites.

Feline Leukemia & AIDS Test	**Accept_____**	**Decline_____**
Fecal Examination	**Accept_____**	**Decline_____**
Home Again Microchip ID	**Accept_____**	**Decline_____**

Your pet will be given pain medication and oral antibiotics to take home with you. You will be given instructions on how to administer before you leave the clinic.

I understand that during the course of operation, unforeseen conditions may arise that may necessitate the emergency performance of additional procedures. Country Hills Veterinary Clinic has my permission to follow through with such procedures for the well being of my pet.

Owner's Signature_____ Date:_____