



SURGICAL RELEASE: Cat Neuter & Declaw

OWNER: _____

PET: _____

BREED: _____

AGE: _____

PRE-ANESTHETIC BLOOD SCREENING: Your pet is scheduled for a procedure that will require anesthesia. We recommend pre anesthetic blood work on all pets and require it be performed on pets over the age of 7 (seven) unless they have had a blood panel in the last six months. This blood work may help us detect an underlying problem that could lead to anesthetic complications such as liver, kidney and certain blood disorders which may not be detected without blood analysis.

(Choose one)

Pets OVER the age of 7 (SEVEN) years: *GERIATRIC BLOODWORK INCLUDES A GERIATRIC EXAM*

___ (initial) My pet is over the age of 7 and does not have recent blood work on file. I understand blood work is required.

___ (initial) My pet is over the age of 7 but has had a blood panel in the last 6 months and I do not wish to repeat one today.

___ (initial) My pet is over the age of 7 and has had a recent blood screening but I would like it to be re-evaluated today.

Pets UNDER the age of 7 (SEVEN) years:

___ (initial) Yes, I would like a blood screen for my pet on my pet under the age of 7 and understand there will be an additional fee.

___ (initial) No, Although recommended, I chose to decline any pre-operative blood screening on my pet under the age of 7

FELINE LEUKEMIA / FIV TEST: If your pet has not been tested for feline leukemia and FIV we do recommend it at this time.

___ (initial) I wish for my pet to be screened for Feline Leukemia / FIV.

___ (initial) I do NOT wish for my pet to be screened for Feline Leukemia / FIV.

PRE-SURGICAL EXAM: If your pet has not been examined by one of **OUR** Veterinarians in the last 2 years, a pre-surgical exam is **REQUIRED**. This exam is only to determine if your pet is in overall good health prior to surgery.

___ (initial) I understand that a pre-surgical exam is required for my pet and I accept financial responsibility .

RABIES VACCINATION REQUIRED : For our staff's safety, as well as the health of your pet, proof of a current rabies vaccination is required for us to treat your pet. If you cannot provide proof of a rabies vaccination one will be given to your pet.

___ (initial) I understand that a rabies vaccination is required for my pet and I accept financial responsibility .

PAIN MEDICATION : ***PAIN MEDICATION IS REQUIRED FOR ALL DECLAW PROCEDURES!***

___ (initial) Yes, I understand there will be an additional fee for pain medication for my pet.

CATS WITH RETAINED TESTICLE:

___ (initial) If my male cat is undergoing a neuter surgery and the doctor determines that one or both testicles have not descended into the testicular sac, I understand that an additional incision may be made to locate and remove them and that there will be an additional charge. I understand and authorize this and accept financial responsibility.

BABY TEETH EXTRACTIONS:

___ (initial) If my pet is undergoing a spay surgery and the doctor determines that 1 or more baby teeth that have not fallen out on their own need removal, I understand and authorize this and accept financial responsibility.

___ (initial) No, I do not want baby teeth extractions.

ADDITIONAL INFORMATION:

___ (initial) I understand that if fleas are found on my pet while here, I authorize treatment and accept financial responsibility. *REQUIRED*

___ (initial) I would like a microchip for my pet today for a discounted fee.

Client Signature: _____ Date: _____

Contact Phone : (_____) _____ - _____