

## PRE – ANESTHETIC CONSENT FORM (CAT)

Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure	Reason	Cost	YES	NO
<b>Bloodwork/EKG</b> <i>Anesthetic Safety Screening plus EKG</i>	To check proper organ function of liver and kidneys, ability to fight infection, clotting time, and establish baseline for future reference plus <b>EKG</b> to check heart function. Required for pets over 2 years of age.	Under 2 years \$75.00 2 Years & older \$86.50		
<b>Bloodwork</b> <i>Anesthetic Safety Screening <b>PLUS</b> Leukemia/FIV Screening</i>	We feel so strongly that these tests are needed for the welfare of your cat that <b><i>we have discounted the cost of the Leukemia/FIV screening by 20%.</i></b>	\$109.50		
<b>Feline Leukemia / FIV screening ONLY</b>	Approximately 15% of all cats are infected with one of these diseases that can only be detected by testing.	\$45.00		
<b>Senior Bloodwork/EKG</b> <i>Senior anesthetic Safety screening <b>PLUS</b> EKG</i>	Required for pets 8 years of age and older. Complete chemistry profile and CBC Gives us the most information about your pet's health status prior to anesthesia.	\$86.50		
<b>Take Home Pain Medication</b>	Pain management at home for a faster and more comfortable recovery.	\$26.50		
<b>Microchip</b>	Permanent identification system to find your pet if lost even if the collar and tags are missing.	\$52.00		

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical exam. **However, many conditions, including disorders of the heart, liver, kidneys or blood are not detected unless blood testing and electrocardiograms are performed.**

For these reason, we **highly recommend electrocardiogram and blood screening** before anesthesia is administered to a pet less than 2 years of age and **we require blood screening and electrocardiogram for pets over 2 years.** Our hospital is fully equipped and staffed to perform both of these procedures and make the results immediately available to examine before anesthesia. If significant abnormalities are detected as a result of these tests we will call you and discuss them prior to anesthesia.

I am aware of the risk and understand the information presented in this surgery form and give the hospital and staff members permission to proceed with the surgery and to perform and any and all life-saving procedures should the need arise.

Client Signature: \_\_\_\_\_ Tech Signature: \_\_\_\_\_

\*\*Phone numbers where we can reach you for the next 6 hours in case of emergency.

Phone Numbers: \_\_\_\_\_