

Office Use Only

Date of Procedure: _____

Weight: _____

Fasted?: _____

Meds Given: _____

Doctor: _____

Procedure: _____

CSR/Tech Initials: _____

Stone Ridge Veterinary Hospital
550 Center Place Dr.
Rochester, NY 14615
(585) 227-4990

Patient/Client Information Label

Feline Anesthesia Consent

Pre-Anesthetic Blood Tests

Your pet is with us for a procedure that will require anesthesia. We always recommend a pre-op blood profile to screen for proper function of the kidneys and liver that may not be evident on physical exam. Pre-anesthetic blood tests are **REQUIRED** for animals 7 years old or older. Please refer to your specific estimate for costs associated with pre-anesthetic blood tests.

Blood Tests Previously Completed: _____ **Date Completed:** _____

IV Catheter & Fluids

An IV catheter will be placed prior to your pet's procedure. This is to help maintain optimal blood pressure and hydration. The IV catheter also provides quick and easy access to a vein should an anesthetic reaction occur. A small patch of fur must be shaved for sterility purposes when placing the IV catheter. Please refer to your specific estimate for costs associated with IV catheter placement and fluid delivery.

Pain Control

Your pet's safety and comfort are our top priority. Different procedures may cause different levels of discomfort; therefore the type and amount of pain medication required to keep your pet comfortable will vary. Please refer to your specific estimate for costs associated with pain control.

Vaccines

We **REQUIRE** that all pets be **CURRENT** on their Rabies and Distemper vaccinations. We also recommend an annual Feline Leukemia Virus booster for all outdoor cats, after initial testing is done. There may be an exam charge if vaccines are given. Please administer the following:

Distemper

Rabies

Feline Leukemia

Fecal Test

We recommend annual testing for intestinal parasites. If parasites are found, deworming medication will be prescribed at an additional cost.

Please perform a fecal test for my pet.

Feline Leukemia Virus/ Feline Immunodeficiency Virus/ Heartworm Test (FeLV, FIV, HWT combo test)

We recommend testing all indoor and outdoor cats for FeLV, FIV and heartworm; especially if no previous history of a test is documented.

Please perform a FeLV/FIV/HWT combo test.

Microchip

While your pet is with us today, we can place a microchip; a form of permanent identification that can never be lost! There is a one-time only fee for placing the microchip and you must register your pet at www.petlink.net.

My pet is **currently** microchipped.

Please place a microchip today.

Deciduous (Baby) Teeth Extractions

Retained baby teeth can be problematic as permanent (adult) teeth begin to erupt. The baby teeth may cause crowding or early onset of periodontal disease. These deciduous teeth may fall out on their own later, however if they are left unaddressed now, your pet may need to undergo anesthesia in the future to extract any remaining teeth.

Please extract any retained deciduous teeth.

No

Dental Procedures

In addition to a complete oral exam and dental cleaning, your pet may require further dental procedures (ie: extractions, doxyrobe gel and/or bonded sealant). The cost of these procedures may not be included in your estimate but may be required.

Dental x-rays are taken to evaluate both healthy and unhealthy teeth. The x-ray allows for evaluation of all the structures of the tooth and jaw.

Please take dental x-rays if needed.

No

* Your pet will be anesthetized for this procedure therefore it is of utmost importance that we are able to contact you in a timely manner. We will make every attempt to contact you at the emergency numbers provided by you. Please indicate your preferences if we are **UNABLE** to reach you:

I AUTHORIZE any recommended treatments; I understand that I am responsible for any additional costs.

I DECLINE recommended treatments and understand a second anesthesia will be necessary to provide future treatments.

Signature of Owner or Agent: _____

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent of the above described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. **I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible.** I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on any required vaccinations (Rabies and Distemper), this will be done upon hospitalization and added to the cost of the above procedure.

Signature of Owner or Agent: _____

Emergency Contact Number(s): _____

Witness: _____

Date: _____