

EVH

Eastside Veterinary Hospital
FELINE SURGERY/ANESTHESIA PERMISSION FORM

PET NAME: _____ SEX: _____

MUST BE CURRENT ON VACCINATIONS AND FREE OF FLEAS AND TICKS

As owner or agent of the owner of the above animal, I hereby give my consent to Eastside Veterinary Hospital to perform the following procedures: (list)

Pre-Anesthesia Profile (check one)

For the safety of your pet we highly recommend a pre-anesthesia blood profile. This test will help us determine the status of the liver and kidneys to see if they are healthy.

- Pets under 7 years
- Pets over 7 year
- Not at this time

IV Catheter for Anesthesia (check one)

We recommend fluids during surgery to maintain blood pressure and provide an access to the heart for emergency drugs if needed.

- Administration of fluids during Anesthesia
- Not at this time

Feline Leukemia Test (check one)

We also recommend that your cat be tested for Feline Leukemia Virus. FeLV is a deadly and highly contagious virus in cats, for which there is NO Cure. If your cat tests negative we can vaccinate to help prevent this deadly virus.

- FeLV/FIV Test
- Not at this time

Optional and Additional Procedures for Cats

<input type="checkbox"/> FVRCP, FeLV, & Rabies Vaccinations		<input type="checkbox"/> Glaucoma Test	
<input type="checkbox"/> Dental Cleaning and Polishing		<input type="checkbox"/> Clip Nails	
<input type="checkbox"/> Fluoride Treatment		<input type="checkbox"/> Micro Chip Pkg	
<input type="checkbox"/> Ear Cleaning		<input type="checkbox"/> Fecal	
<input type="checkbox"/> Flea & Tick Treatment		<input type="checkbox"/> Deworm (by weight)	
<input type="checkbox"/> Pain Management			

I understand that during the performance of this procedure (s), unforeseen conditions might be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect Eastside Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). Possible complications of anesthesia include, but are not limited to: post anesthetic sedation, seizures, and death. The nature of the procedure (s) and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

Signature: _____ Date: _____

Phone numbers: _____