## Coastal Cat Clinic Veterinary Surgical Consent Form 13-E Doris Ave East, NC 28540 910-938-4515

Owner's Name		
Pet's Name	Age	
Scheduled Procedure	Date	
Drop Off Time: Before 4:30 pm the night before sure the day of the surgery.	gery or between 8 am and 9:30 am	
Your pet should not have food after 8 pm Water is ok.	the night before surgery.	
Pre-Anesthetic Blood Testing: Our greatest conception blood screening reduces many of the risks of surger recommend pre-anesthesia blood work. Many conditional may not be detected unless blood testing is precommend that all patients receive blood work before important for all animals over 7 years of age. In Yes, I want my pet to have a blood test performance in No, I decline this blood test and have been in	ry. Before putting your pet under anesthesia, we tions including disorders of the liver, kidneys and erformed. For these reasons, we strongly ore such procedures, <b>but this is especially</b> The total cost of these tests: \$41.00 ormed before anesthesia	
Feline Leukemia / Feline AIDS test: The America Academy of Feline Medicine recommend that all cats Feline Immunodeficiency Virus (FIV) which is similar to as Feline Leukemia Virus. While your pet is under a take a blood sample so we run the sample in clinic and three percent of all normal, healthy appearing cats in Yes, please test  No, I decline the test and an aware of the risk	six months of age or older have a blood test for to the human virus HIV. <i>FIV is not the same virus</i> inesthesia, we would like to take the opportunity to he have the results in a matter of minutes. Two to the United States are FIV positive! Cost is \$42.	
Pain Management: While undergoing and after sum most cases that injection will not have long lasting econtrol your pets discomfort during the recovery at procedures, such as cat declaws can be very pasent home automatically.   Yes, I want my pet to take pain medication how, I decline pain medication	effects. Additional pain medication can effectively home and aid in your pet's recovery. <b>Specific ainful and take home pain medication will be</b>	
$\Box$ I'm not sure, please allow Dr to suggest if my	pet needs it	
Microchipping: Permanent HomeAgain Microchippi identify your pet. Because we at Coastal Cat Clinic f offer this at the reduced rate of \$36.00 if done duri  Yes, I want HomeAgain Microchip  No, I decline HomeAgain Microchip	eel this is so important for you & your pet, we	
*ALL ANIMALS ADMITTED MUST BE CURRENT ON VACCINA	ATIONS AND MUST BE FREE OF	
EXTERNAL PARASITES* *ANY ANIMAL WITH FLEAS AND/OR TICKS WILL BE TREAT	ED AT OWNER'S EXPENSE*	
I, being responsible for the above animal, have the authority to grant you my consent to receive treatment, prescribe for and or operate upon my pet as noted above. You are to use all responsible precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand I assume all risks. I agree to pay for in full for the services rendered.		
Client Signature (we must be able to reach you in the event of an en	Date	
(we must be able to reach you in the event of an en	nergency)	
PhoneCel	II	