

Office use only:

Pet Weight _____
Was pet fasted? Y / N _____
Were meds given? Y / N _____
Procedure _____
Receptionist/Tech Initials _____

IRONDEQUOIT ANIMAL HOSPITAL

2150 Hudson Avenue
Rochester, NY 14617
585-266-8020

Label

Office Use Only

FELINE SURGERY AND DENTAL CONSENT FORM

NEW PATIENTS

If this is your pet's first visit with us, there will be a charge for a full physical examination on your pet to insure that there are not existing health problems that could possibly lead to complications during the procedure you have scheduled. There will be a \$47.00 charge for this exam.

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We always **recommend** a pre-op blood profile to check for adequate numbers of blood cells and to check for signs of possible problems in the kidneys and liver that may not be evident on a physical examination. The testing is **REQUIRED** for animals 7 years old or older (Cost \$48.40)

- YES -- Please complete pre-op blood tests you recommend for pets under 7 years of age. (Cost \$48.40)
 NO -- My pet is under 7 years old. I **DECLINE** pre-op blood testing you recommend, but perform the procedure.

SEVOFLO ANESTHESIA

Currently we use Isoflurane anesthesia, an anesthetic with an excellent safety record. You may elect Sevoflo anesthesia for your pet. It is an anesthetic we now carry that is utilized for 95% of all human pediatric procedures in the US, which allows for rapid and smooth induction and recovery with no "anesthesia hangover". There is an additional cost of \$1.09 per minute of anesthesia time above the normal anesthesia charge

- YES I authorize the use of Sevoflo if it is appropriate in my pet's procedure and agree to pay the additional charge as above.
 NO I prefer the use of the standard Isoflurane anesthesia

PAIN/COMFORT MEDICATION

If your cat is having declaw surgery today, we can provide an additional pain medication beyond what is normally provided to help relieve your pet's discomfort after waking up. We recommend a Fentanyl pain patch for cats over 6 pounds.

- YES NO Please provide a Fentanyl pain patch for my cat. I understand there is a charge of \$34.02
Required: Basic pain medications for all surgical patients (local anesthetic, narcotics, anti-inflammatories). Prices range from \$25.00 - \$45.00, in addition to the surgical fee.

VACCINES

We require that all pets are current on their Rabies vaccination and Distemper vaccination. (Cost: Rabies \$18.00 & Distemper booster \$18.00)

There may be an exam charge if vaccines are given. (Cost: \$45.00)

We recommend an annual Feline Leukemia Virus booster for outdoor cats, after initial testing is done. (Cost \$18.00)

YES, please administer only the following vaccines: DISTEMPER (\$19.50) RABIES (\$18.50) LEUKEMIA VIRUS (\$18.50)

*Occasionally, a pet can have a reaction to the vaccines. The reaction can be as mild as a few hours of being a bit lethargic to, in very rare cases, death from anaphylactic shock. It is impossible to predict which pets are prone to vaccine reactions; however, every effort will be made to treat your pet, should a reaction occur. **If you are aware of your pet having had a vaccine reaction in the past, please let the doctor know so that precautions can be taken.**

DENTAL PROCEDURES

Occasionally intraoral radiography, tooth extraction, or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us a number where you can be reached.

Do you authorize tooth extraction(s) or repair without contacting you first? YES NO* *PHONE # _____

Pain medications may be administered with extractions. Prices range from \$25.00 - \$45.00, in addition to the surgical fee.

**If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures.*

RECOMMENDED TESTS

FECAL TEST For cats that have not been tested within the past year (if outdoor) or past 3 years (if indoor only).

YES NO -- Please provide a fecal examination for my pet. I understand there is a charge of \$22.05 for this test.

FELINE LEUKEMIA VIRUS TEST: For indoor and outdoor cats that have never been tested, and for cats not current on the Feline Leukemia Virus vaccine.

YES NO -- Please test my cat for the Feline Leukemia Virus. I understand there is a charge of \$40.10 for this test.

FELINE LEUKEMIA VIRUS/FIV VIRUS COMBO TEST: For both indoor and outdoor cats that have never been tested and are over 6 months of age.

YES NO -- Please test my cat for both Feline Leukemia Virus and the FIV Virus. I understand there is a charge of \$61.50 for both tests.

PERMANENT IDENTIFICATION

We can implant a microchip into your pet for an ID that can't get lost! This simple procedure can be performed while your pet is here today. The cost for the surgical implantation of the chip is \$58.35. The owner will also incur a fee when they send in the national registration papers.

Does your pet have a microchip? Yes ___ No ___ Would you like a microchip implanted today? Yes ___ No ___

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for 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 the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: _____ Witness to Signature: _____ Date: _____