Surgery/Procedures Release Form

For _____

- I authorize the following procedures to be performed on my cat:
  - Rabies Vaccination
  - Feline Leukemia Virus/Feline Immunodeficiency Virus Test
  - Distemper Vaccination
  - Feline Leukemia Vaccination
  - Surgical Procedure(s):_____
  - Other Procedures: _____

- Surgery/Dental Patients: I understand that my cat will be undergoing anesthesia and confirm that he/she has fasted since midnight. Yes No N/A

- Dental Patients: I understand that the doctor will extract any teeth that need to be removed in order to resolve pain or disease.
  Yes No N/A

- I authorize the doctor to anesthetize my cat if the doctor deems it necessary for its safety or the safety of our staff.
  Yes No

- I understand that Just Cats requires all patients being admitted to have current Rabies and Feline Distemper vaccines. Any required vaccines checked above will be administered by the doctor.
  Yes No

- Would you like us to do a nail trim? No additional charge when your cat is sedated. Yes No

- Would you like to have your cat micro-chipped while here today? Micro-chipping is a very effective tool for identifying your cat should he / she ever get lost. The cost is $60.00 Yes No

- Prior to anesthesia, we recommend blood work for all cats!

  - Pre-surgical Profile ($85) – For cats under 8 years of age, we recommend this panel which tests the blood sugar and the kidney and liver values as well as assessing hydration and red and white blood cell counts. The cost of this blood work may be in addition to an estimate you may have received. Shall we perform this blood panel on your patient today?
    Yes No

  - Comprehensive Profile and Thyroid T4 ($169.50) – We recommend a larger, more complete panel for those cat's over 8 years of age. This panel includes everything in the pre-surgical profile and also gives us electrolytes and other values pertinent to your older cat's needs. The cost of this blood work may be in addition to an estimate you may have received. Shall we perform this blood panel on your patient today?

    Yes No

- If, during the procedures listed above, circumstances indicate additional treatments/procedures are needed and deemed necessary by the doctor, may we perform them? Yes No

- If necessary, I authorize all life-saving procedures to be performed on my cat until I can be contacted.
  Yes No
- If you answered **NO** to any of the above questions, we will try to contact you by phone to get your verbal approval for treatments. If you cannot be reached, we will **NOT** perform unauthorized procedures or treatments; except in the case below.

Owner's name:_____ Signature: _____
Date: _____ Phone Number Where We Can Reach You Today: _____
Staff :_____