

Office use only:
 Vet Tech Appt Date/Time: _____
 Dr. RL / Dr. MP: Date: _____
 Card: _____ Collar: _____ Estimate: _____
 Pet Weight _____
 Was pet fasted? Y / N _____
 Were meds given? Y / N _____
 Procedure _____
 Receptionist/Tech Initials _____

FAIRVIEW VETERINARY HOSPITAL

6735 Pittsford-Palmyra Road
 Fairport, NY 14450
 585-223-0940



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.

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. For all patients under 2 years of age we **recommend** an in house 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. In addition, this information will allow us to establish normal baseline kidney and liver values for your pet. This testing is **REQUIRED** for animals 2 to 7 years of age. Animals greater than 7 years of age are **REQUIRED** to undergo a more extensive blood evaluation which include a blood count, a red and white blood cell evaluation, a platelet count and more rigorous kidney, liver and electrolyte evaluation.

- NO -- My pet is under 2 years old. I **DECLINE** pre-op blood testing you recommend, but perform the procedure.
- YES -- My pet is under 2 years old. Perform the pre-op blood testing you recommend.

PAIN/COMFORT MEDICATION

Pain medications are administered to all surgical patients

VACCINES

We require that all pets are current on their Rabies vaccination and Distemper vaccination.

There may be an exam charge if vaccines are given.

We recommend an annual Feline Leukemia Virus booster for outdoor cats, after initial testing is done.

YES, please administer only the following vaccines: DISTEMPER RABIES LEUKEMIA VIRUS

*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 those procedures.

After thorough oral examination and evaluation, the veterinarian will perform any necessary extractions or repairs. INITIALS _____

Pain medications may be administered with extractions.

RECOMMENDED TESTS

FECAL TEST: For cats that have not been tested within the past year.

- YES -- Please provide a fecal examination for my pet.

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 -- Please test my cat for the Feline Leukemia Virus.

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 -- Please test my cat for both Feline Leukemia Virus and the FIV Virus.

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.

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: _____

PHONE # _____