

PROCEDURAL AUTHORIZATION FORM for THE CAT PRACTICE

NAME OF PATIENT: _____

I am the owner or agent of the owner of the above described feline and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved, I realize that results cannot be guaranteed.

I further understand that my cat must have documented proof of a recent feline leukemia and feline aids virus test & be current on distemper/upper respiratory virus vaccination (or have a documented protective titer), to be admitted to the hospital. If no such proof is available at the time of admission, then these tests and/or vaccination will be performed during your cat's stay at The Cat Practice and the fees charged to your account.

I also understand that by executing this agreement, I am responsible for any and all expenses incurred in connection therewith, including but not limited to any emergency treatment or medication.

I have read and understand this authorization and consent.

Owner: _____
(printed name)

Date: _____

Signature: _____

TODAY'S PHONE #: _____

◆ **IF YOUR CAT IS UNDER 5 YEARS OF AGE, PLEASE ALSO READ THE FOLLOWING CAREFULLY:**

Young cats undergoing general anesthesia that have no serious organ system health problems are not at great risk for problems associated with the proper use of anesthetic drugs. Today's anesthetic agents are much safer than those available in the past. However, unobservable or sub clinical health problems may be present in the youngest of cats, which render them at a greater risk for anesthetic complications to develop. These cases are few and far between but they do occur. Therefore, to further minimize any risk to your cat, we recommend that even cats under the age of 5 years receive a basic blood test prior to undergoing general anesthesia.

Please indicate whether you want your cat to have the recommended blood screening: YES _____ NO _____

◆ **HELP INSURE THE RECOVERY OF A LOST CAT:**

To guarantee that your cat can always be identified should it stray from home, we recommend the use of microchips. These Very small chips are inserted under the skin and each contains a unique identification code. Should your cat get lost, a special scanner will reveal the code. These scanners are used by animal shelters, animal hospitals, and animal control agencies. This number is maintained in a central registry and by the administering veterinarian. The microchip is by far the best and most reliable method of ensuring that your cat can always be identified.

If you would like your cat to receive a microchip, please indicate: YES _____ NO _____

◆ **IF ANTIBIOTIC IS NEEDED, WOULD YOU PREFER:**

PILLS _____ or LIQUID _____; or if applicable an INJECTION (administered here, good for 2 weeks) _____