

ANIMAL HOSPITAL OF PITTSFORD

2816 Monroe Avenue
Rochester, NY 14618
585-271-7700

FELINE SURGERY AND DENTAL CONSENT FORM

NEW PATIENTS

Procedure _____
Owners Initials _____
Was an estimate presented? _____

Label
Office Use Only

If this is your pet's first visit with us, there will be a charge for a full physical examination on your pet to ensure that there are not existing health problems that could possibly lead to complications during the procedure you have scheduled. There will be a \$49.00 charge for this exam.

PRE-ANESTHETIC BLOOD TESTS

We always **strongly 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.

- YES -- Please complete pre-op blood tests you recommend for pets under 7 years of age. (Cost \$52.94)
 NO -- My pet is under 7 years old. I DECLINE pre-op blood testing you recommend, but perform the procedure.

IV Catheter and Fluids

IV catheters and fluids are **strongly recommended** for patients undergoing surgical procedures in which the patient will be intubated and on gas anesthesia. The cost is \$66.74. IV catheters and fluids will be **required** for patients over 7 years of age.

- YES-Please provide IV catheter and fluids for my pet.
 NO- I decline IV catheter and fluids at this point.

PAIN/COMFORT MEDICATION

Pain medications are administered to all surgical patients(local anesthetic, narcotics, anti-inflammatories). Prices range from \$25.00 - \$40.00, in addition to the surgical fee.

If your cat is having declaw surgery or other major surgery we may provide a fentanyl pain patch to help post operative pain. A Fentanyl pain patch for cats over 6 pounds will be applied to the skin. \$32.40

VACCINES

We require that all pets are current on their Rabies vaccination and Distemper vaccination. (Cost: Rabies \$18.50 & Feline booster \$18.50)

There may be an exam charge if vaccines are given. (Cost: \$49.00)

We recommend an annual Feline Leukemia Virus booster for outdoor cats, after initial testing is done. (Cost \$18.50)

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

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 will be administered with extractions. Prices range from \$25.00 - \$40.00, 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.

YES -- Please provide a fecal examination for my pet. I understand there is a charge of \$23.50 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 -- Please test my cat for both Feline Leukemia Virus and the FIV Virus. I understand there is a charge of \$56.00 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 \$64.27.

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: _____