

Surgery/Anesthesia Authorization Form

Date _____

Client Name _____ Cat's Name _____

Emergency contact numbers for today _____

Procedure(s) _____

Has your cat acted normally for the past 24 hours?(coughing, sneezing, vomiting, diarrhea, lethargy) Yes No

Has your cat eaten since 10 PM last night? (Water drinking is fine up until 1 hour prior to arrival.) Yes No

All surgical and anesthetic procedures have an inherent risk. No procedure/anesthetic is 100% safe, and in rare instances adverse situations, including death, may occur. In order to decrease the chances of these adverse situations, a pre-anesthetic physical examination is performed on all cats immediately prior to the procedure. For cats less than 7 years old, we highly recommend that a pre-anesthetic blood work screening be performed in order to further decrease the risks to your cat. The blood work will help to evaluate the liver, kidneys, and will check for diabetes and anemia. For cats 7 years and older, a comprehensive blood screening, run within the last 2 months, is required prior to any anesthetic procedure.

I wish to have the pre-anesthetic blood work performed.

Yes No

All surgical cases will be evaluated for pain and proper pain control administered prior, during and after the procedure is performed. It is not an option at Loudoun Cat Care to decline pain control in cases where the doctor feels it is necessary for the patient's comfort. **Please let the staff know ahead of surgery if you are opposed to pain medications.**

An IV catheter is recommended for all surgical/anesthetic procedures in order to help the body process the anesthetic, keep the body hydrated, and provide venous access in case of an emergency. Any cat over the age of 7 is required to have an IV catheter placed for surgical/anesthetic procedures. The catheter will be removed by our staff prior to your cat going home.

I wish to have the IV catheter and fluids performed, at an additional charge.

Yes No

Cats admitted to the clinic must be current on Rabies and feline distemper vaccines. If not, they will be administered at the doctor's discretion *at an additional expense to the client.*

Cats admitted to the clinic must be free of fleas and ticks. If these parasites are found, the cat will be treated topically *at an additional expense to the client.*

I hereby authorize and direct the veterinarian of Loudoun Cat Care to perform anesthesia and the above procedure(s) on my cat. The nature of the procedure(s) has been explained to me. I am aware and understand there are risks involved in anesthesia and surgery. I agree to pay in full for the services rendered, including those deemed necessary for medical or surgical complications and/or unforeseen circumstances. Any estimate of fees for presently planned procedures is only an approximation, and the final bill may be more or less than this amount. We will contact as soon as possible if there are going to be changes to the charges.

Signature _____ Date _____