

**Deason Animal Hospital, Inc.**  
**Feline Pre-Anesthetic Consent Form**

Please Read Carefully and Sign

**Date:** \_\_\_\_\_ **Patient:** \_\_\_\_\_  
**Client:** \_\_\_\_\_ **Patient ID#:** \_\_\_\_\_  
**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**Patients Weight:** \_\_\_\_\_

I, the Owner or Authorized Agent of this pet, give permission for the following anesthesia and procedure(s). I understand that during the procedure unforeseen conditions may be revealed that necessitate an extension of the procedure(s). I consent to and authorize the performance of such techniques as necessary in the veterinarians professional judgement.

Spaying/Neutering                      Dentistry                      Declaw/Pain Mgmt Included  
Other procedure: \_\_\_\_\_

Rabies Vaccination                      FVRCP/FLV Vaccination                      FeLV/FIVAntigen Test  
Bath                      Deworm                      Toe Nail Trim                      HomeAgain Microchip

**Pre-Anesthetic Blood Screening**

Anesthetic risk can be further minimized by performing a pre-anesthetic blood screen. ***We require every patient over the age of 24 months and is recommended for all patients to have a pre-anesthetic blood screen before surgery.*** This test will assess basic blood, kidney, and liver function, and can give us valuable information to change anesthetic protocol or delay the procedure. **The cost is \$48.50. FeLV/FIV test is NOT included with PASS.**

**Perform bloodwork:**    YES    NO

**Pain Management**

Pain medication is not included in surgical procedures other than declaws. If desired, an injection will be given prior to surgery that lasts approximately 3 days. **The estimated cost is \$15.20**

**Please include pain medication:**    YES    NO

**Signature:** \_\_\_\_\_  
**Daytime,ContactPhoneNumber(s):** \_\_\_\_\_  
**Technician Checked-in:** \_\_\_\_\_