

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 \$89.50. 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: _____