



ANIMAL MEDICAL CENTER  
FELINE ANESTHETIC CONSENT FORM

Owner: \_\_\_\_\_ Animal: \_\_\_\_\_

Procedure: \_\_\_\_\_ Date: \_\_\_\_\_

Has your pet had anything to eat since 10:00 PM yesterday or Drink since 7:00 Am today?

No \_\_\_\_\_ Yes \_\_\_\_\_ if yes please explain: \_\_\_\_\_

Please list **PHONE NUMBER** you can be reached today if necessary: \_\_\_\_\_

Any procedure requiring sedation or anesthesia carries with it an inherent risk regardless of the particular procedure involved. The safety of modern anesthesia has increased substantially with the increased knowledge, modern equipment, and modern anesthetic drugs. Anesthesia is, however, never trivial or routine. To help us choose the appropriate anesthetic, we recommend a **Preanesthetic Blood Profile**. This includes the following tests: blood cell counts to detect anemia, liver function test, Kidney Function Test, Blood Coagulation test, and Glucose level. These tests are performed as a standard safety screen. We also recommend **Intravenous Catheter and intra-operative fluids** to maintain adequate blood pressure and kidney function. The catheter also provides direct vascular access should prompt medical intervention be needed in an emergency. The hair on the leg will be clipped for aseptic insertion of the catheter.

**Please initial your selection on these additional services, which are recommended but not mandatory:**

\_\_\_\_\_ Yes, I want my animal to have the Blood Profile

\_\_\_\_\_ No, I understand the risk but decline the Blood Profile

\_\_\_\_\_ Yes, I want my animal to have the Intravenous Catheter and Fluids

\_\_\_\_\_ No, I understand the risk but decline the Intravenous Catheter and Fluids

Our staff is concerned about the comfort of your pet at our hospital and when they return home. Even though your pet may have a higher threshold of pain than you, they do experience pain to a great degree. We can administer an injection of Pain Medication just after surgery to relieve their discomfort and send home medication for the first few days after surgery. This medication is similar to what you might receive in the hospital from your doctor. We also recommend post op Antibiotics to prevent secondary infections.

**Please initial your selection on these additional services, which are recommended but not mandatory:**

\_\_\_\_\_ Yes, I want my animal to have the post op Pain Injection

\_\_\_\_\_ No, I decline the Pain Injection

\_\_\_\_\_ Yes, I want my animal to have the Pain Medication at home

\_\_\_\_\_ No, I decline the Pain Medication at home

\_\_\_\_\_ Yes, I want my animal to have Antibiotics

\_\_\_\_\_ Yes, I want an Elizabethian Collar

\_\_\_\_\_ No, I decline the antibiotics at this time

\_\_\_\_\_ No, I decline the Elizabethian Collar at this time

Is your pet current on Vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, which vaccines are outstanding:

RABIES \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_ FIP \_\_\_\_\_

Has your cat been **tested for Feline Leukemia or FIV**? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, would you like to have this done before surgery?

\_\_\_\_\_ Yes, I would like to have my cat tested for Felv and FIV

\_\_\_\_\_ No, I understand the seriousness of these diseases but decline testing at this time

Is your pet free of **External Parasites**? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like any additional services done for your pet?

Toe Nail Trim \_\_\_\_\_ Dentistry \_\_\_\_\_ Boarding \_\_\_\_\_ Fluoride Treatment \_\_\_\_\_

Other services: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_