

Shippensburg Animal Hospital PC
Shippensburg, Mt. Rock, and Allen Road
Feline Special Procedure Consent Form

Client Name: _____ Pet Name: _____

Procedure:

- _____ Tumor Removal – Biopsy Yes / No
- _____ If the doctor thinks a laser procedure would be beneficial, can we use it? Yes / No
- _____ X-Ray with sedation
- _____ Diagnostic Work-up
- _____ Abdominal Exploratory
- _____ Fracture Repair
- _____ Other Orthopedic _____
- _____ Other Soft Tissue _____

I have received an estimate for the procedures to be performed and understand I will be responsible for them according to the policy explained below. _____ (initial) The range on the estimate that I received was _____.

Other Treatments or Procedures

1. May we treat ear problems and/or get ear medications for your pet? Yes / No
2. Has your pet ever been dewormed? Yes / No If No, may we send home dewormer? Yes / No
3. All animals found to have any ectoparasites (fleas, ticks) will be treated in the hospital with a short acting medication. Would you like us to dispense a longer acting medication such as advantage, frontline, revolution, or tresaderm? Yes / No
4. Is your pet current on vaccines? Yes / No If no, please give the following:

- | | | |
|-------------------------------|--------------------------|--------------------------------------|
| _____ FVRCP-C | _____ Fecal Analysis | _____ Felv/FIV testing |
| _____ Feline Leukemia vaccine | _____ Apply topical flea | _____ Dispense Frontline / Advantage |
| _____ Rabies vaccine | _____ FeLV testing | _____ Dispense Revolution x _____ |

Surgical Options:

- Yes / No (Circle One) We are concerned about your cat's upcoming anesthesia and surgical procedure, therefore, we encourage you to have a pre surgical blood screen before anesthesia. This screen checks for anemia, as well as liver and kidney function. Animals could be suffering from these problems without showing any outward signs. If there are any abnormalities, we will call you immediately.
- Yes / No (Circle One) After surgery pets experience pain. We would like your permission to administer pain medication, at an additional cost, to alleviate discomfort and help your pet rest more comfortably if it becomes necessary.
- Yes / No (Circle One) Would you like us to send home medication to continue to control any pain your cat may have at home?

Surgical & Anesthesia Consent

I hereby authorize the Shippensburg Animal Hospital PC to perform the above procedure(s) and to administer anesthesia to my pet(s). I am aware there are risks involved and, in rare cases, complications may occur which will be treated in a prompt and aggressive manner. I also realize that neither guarantee, nor warranty, can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for all services rendered and that payment is due at the time of discharge.

Owner or agent of owner signature Date

Phone number WHERE YOU CAN BE REACHED today: _____