Shippensburg Animal Hospital PC
Shippensburg, Mt. Rock, and Allen Road
PAWS Feline Surgery Consent Form

Client Name: _____ Pet Name: _____

PAWS certificates must be presented at the time of admission in order to receive PAWS pricing.

Procedure:

_____ Spay
_____ Neuter
_____ Front feet Declaw
_____ Laser Declaw (MUST be prearranged) -- Front only // back also (circle one)
_____ Other _____

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. If this cat is a stray, do you want the ear trimmed to mark it as spayed or neutered? Yes / No

4. All animals found to have any ectoparasites (fleas) will be treated in the hospital with a short acting medication. Would you like us to dispense a longer acting medication? Yes / No

5. Is your pet current on vaccines? Yes / No If no, please give the following:

_____ FVRCP-C _____ Rabies vaccine _____ Dispense flea/tick control _____
_____ Feline Leukemia vaccine _____ Fecal _____ Apply topical flea

Surgical Options:

Yes / No (Circle One) Are you interested in Feline Leukemia testing or FeLV & FIV testing your pet today?

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 done for your cat 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 some pets experience pain. We would like your permission to administer an injectable pain medication, at an additional cost, to alleviate discomfort and help your pet rest more comfortably for about 24 hours, if it becomes necessary.

Yes / No (Circle One) We would like your permission to send home medication to continue to control any pain your cat may have at home. There will be an additional cost. Are you interested in having medication for 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: _____