

THE SCRATCHING POST CAT HOSPITAL

SURGERY CHECK-IN / PERMISSION TO TREAT FORM

PRE-SURGERY BLOOD SCREEN OPTION ***(Required for cats older than 7 years)***

All sedated procedures involve a risk. To minimize risk, we strongly recommend a pre-anesthetic blood screen to check for any systemic problems. Most anesthetic drugs are removed from the body by the liver or the kidneys; therefore it is essential that these organs are healthy. It is also important that patients have normal blood cell counts to promote proper tissue healing and maintain oxygen levels during surgery.

If any of these tests are abnormal, we will discuss our findings with you and may decide to do one of the following:

- Postpone the anesthetic procedure until a later date.
- Further testing to pursue a specific diagnosis.
- Proceed with anesthesia, but alter the drugs and procedures to minimize risk.

If all the tests are normal, it does not guarantee that your cat will not have an anesthetic reaction, but it does tell us that your cat is in a low risk category. If you have any questions regarding the blood screen or anesthesia, please ask.

The Blood Screen includes:

- BUN:** Examines kidney function.
- ALT:** Detects liver inflammation.
- PCV:** Determines red blood cell concentration, essential for maintaining oxygenation during anesthesia.
- Blood glucose:** Evaluates for diabetes.
- Total solids:** Evaluates the amount of protein in blood, essential for processing drugs and maintaining hydration.
- Although unscientific, the act of drawing the blood helps us assess how well your cat's blood will clot.

I would like pre-anesthetic blood testing

- YES (\$56) NO

Agreement & Hospital Policies

I, being responsible for the following cat, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my cat. I understand the surgery or treatment contemplated is/are :

Owner/Responsible Party: _____

Cat's Name: _____

Cat's last meal was : _____

Breed: _____ Color: _____

Date: _____

Age: _____ Carrier: Yes / No

Time: _____

LASER OPTION *(Not optional for de-claw procedure)*

Many surgical procedures are amenable to the use of a surgical laser. The laser replaces the scalpel, where it seals blood vessels and nerve endings as it cuts, resulting in a dramatic reduction in pain, swelling, and bleeding during and after the surgery. This makes the procedure safer (minimal to no blood loss) and less painful for your cat, allowing him/her to recover sooner.

We would prefer to perform surgery with the laser every time, but due to the cost of the equipment, a surcharge is necessary.

- | | |
|---|---|
| <input type="checkbox"/> Spay (Traditional) (\$155-225)
<input type="checkbox"/> Spay (Laser) (\$195-265)
<input type="checkbox"/> Neuter (Traditional) (\$110)
<input type="checkbox"/> Neuter (Laser) (\$140)
<input type="checkbox"/> Laser Declaw (Front feet only) (\$250)
<input type="checkbox"/> Dental (\$var.)
<input type="checkbox"/> Abscess repair (\$var.)
<input type="checkbox"/> Lump Removal (\$var.)
<input type="checkbox"/> Microchip (Give your cat a ticket home!) (\$42)
<input type="checkbox"/> Wax impaction removal
<input type="checkbox"/> Check Urine
<input type="checkbox"/> Manual stool extraction
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Exam (\$49)
<input type="checkbox"/> FeLV/FIV test (\$51)
<input type="checkbox"/> Vaccinations <ul style="list-style-type: none"> <input type="checkbox"/> FVRCP (\$22) <input type="checkbox"/> Rabies (\$26) <input type="checkbox"/> FeLV (\$32) <input type="checkbox"/> Comb out (\$var.)
<input type="checkbox"/> Hind End Clip (\$12)
<input type="checkbox"/> Belly & Hind End Clip (\$18)
<input type="checkbox"/> Lion Clip (\$48)
<input type="checkbox"/> Bath (\$22-30)
<input type="checkbox"/> Sedation (\$32)
<input type="checkbox"/> Soft Paws
<input type="checkbox"/> Nail Trim |
|---|---|

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgment of the veterinarian. Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise that may require additional tests and/or treatments to maintain life. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in Dr. Summers' professional judgment. I understand that if possible, I will be contacted prior to treatment, should complications arise. I also understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond Dr. Summers' and the hospital's control. You are to use all reasonable precautions against injury, escape or death of my cat, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

All charges including boarding costs shall be paid upon the cat's release from the hospital. If the cat is not called for within 10 days after the time specified for return and if the hospital is not notified in writing of an alternate date within the 10 day period, the cat will be considered abandoned and may be disposed of as the hospital sees fit. It is understood that this does not relieve me from paying for all costs of your services and use of your hospital including the cost of boarding.

There will be additional charges for the following situations:

Cats with only 1 testicle undergoing neuter surgery; Cats "in heat", pregnant or excessively overweight and are undergoing spay surgery; Cats with weak kidneys, those suffering from certain ailments and cats older than 10 years old that will require fluid therapy.

*****In the interest of all cats in the hospital, all cats undergoing surgery will be tested for Feline Leukemia unless proof is shown that the test had already been done. If fleas or ear mites are detected, this cat(s) will be treated accordingly as well.**

After carefully reading the above, I have signed in agreement.

Signature _____
(Owner or Responsible Party above 18 years old)

Date _____

Phone _____
(where you can be reached today)