

Owners name \_\_\_\_\_ Pets name \_\_\_\_\_ Date \_\_\_\_\_

Description of pet \_\_\_\_\_ Age \_\_\_\_\_

I understand that I am leaving my cat at Valley Veterinary Clinic for the day to be spayed (female) \_\_\_\_\_ or neutered (male) \_\_\_\_\_.

1. We strongly recommend a blood test prior to anesthesia to evaluate the health of your pet's liver, kidneys and other organs, also to establish a base line for your pet.

\_\_\_\_ YES, please perform the blood test (\$68.00)      \_\_\_\_ NO, I decline the blood test

Feline leukemia virus **FeLV** and feline immunodeficiency virus **FIV** are contagious, untreatable diseases in cats. Cats that go outside are at increased risk for exposure to **FeLV** and **FIV**. New cats brought into the house could expose your other cats in the household. If you would like we can do a blood test today to see if your cat is a carrier.

Felv/Fiv test is \$45.50 \_\_\_\_ Yes please perform the test \_\_\_\_ No I decline this test.

2. Hydration is important for recovery from anesthesia. I consent to and authorize fluids during the procedure.

\_\_\_\_ YES, I would like fluids (\$31.00)      \_\_\_\_ NO, I decline fluids

3. Should unforeseen conditions arise, I consent to and authorize such procedures deemed necessary in the veterinarian's judgment.; If my cat is pregnant \$20)

4. Please give appropriate vaccines if they are due.      \_\_\_\_ YES      \_\_\_\_ NO      Pet must be up to date on rabies for us to any procedure Rabies : Yes my pet is \_\_\_\_\_ No my pet needs rabies \_\_\_\_\_

5. If fleas are noted on my pet, I understand they will be treated immediately. (\$12.00)

\*\*Follow up with Revolution or Bravecto\*\*

6. Please Microchip (AVID) my pet while under anesthesia.

\_\_\_\_ YES, I want my pet microchipped (\$47.00)      \_\_\_\_ NO, I decline microchipping

7. I UNDERSTAND PAYMENT IN FULL IS EXPECTED AT THE TIME MY PET IS DISCHARGED.

8. I have read and understand this form, and hereby voluntarily give my consent for anesthesia/dental/surgical procedures. I am the legal owner, or agent of legal owner of this pet. I am of legal age of 18 years or older. I do understand that by signing this form I am responsible for any decisions I made.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

If you would like to know how your pet is doing and get total for today's procedure. Please call us after 12:30 pm. If you would like to pay at that time you may give your credit card number over the phone.

If you would a total and pick up time for your pet's procedure today please write down a current email address \_\_\_\_\_