



Cat Care Clinic

General Surgery/Anesthesia Consent Authorization

CURRENT OWNER INFORMATION

Owner: _____ Cat's name: _____ Phone: (Cell) _____

(Home) _____ Address: _____ City: _____

Zip: _____ Number where we can reach you today: _____

Personal items: Collar, blanket, toy, bed, medications, food. List others: _____

Reason For Anesthesia Today: _____

Please write any history or additional information we should be aware of before performing your cat's surgery.

ROUTINE HEALTH PROCEDURES NEEDED TODAY?

- Rabies Vaccination FVRCP/Distemper Vaccination Leukemia Vaccination
 Micro Chipping De-worming Felv/FIV test

Owner must present proof that cat is current on rabies and distemper vaccinations, or the cat will automatically be vaccinated upon entry if healthy enough. If fleas or ear mites are found, treatment will be applied.

I, being responsible for the above described pet, grant you my consent to receive, prescribe for, treat, anesthetize, operate upon, and/or radiograph my pet. Cat Care Clinic is to use all responsible precautions against injury, escape, or death of my pet, but I will not hold Cat Care Clinic liable or responsible in connection therewith as it is thoroughly understood that I assume all risks. I understand all charges including boarding costs are my responsibility and shall be paid upon release from the hospital. I also understand that all precautions will be taken to ensure the safety of my cat, but that complications can occur, and I will not hold Cat Care Clinic liable for any potential complications.

Signature: _____ Date: _____

Payment must be arranged at the time of services.