

# *Feline Surgery and Anesthesia Release Form*

## I. Owner Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Where you can be reached on surgery day)

## II. Pet's Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ M? \_\_\_\_\_ F? \_\_\_\_\_  
Any allergies to medications? \_\_\_\_\_ Did your pet eat this morning? \_\_\_\_\_

**Please inquire to the cost of the procedures below before you consent to them.**

## III. Surgery/ Anesthesia Information (Please initial which procedures are to be performed.)

Surgery to be performed: Spay (female) \_\_\_\_\_ Neuter (male) \_\_\_\_\_ Front declaw \_\_\_\_\_  
All 4 declaw \_\_\_\_\_ Other \_\_\_\_\_

Other procedures: Ear cleaning \_\_\_\_\_ Dental \_\_\_\_\_ Nails \_\_\_\_\_ Anal glands \_\_\_\_\_  
Other \_\_\_\_\_

## IV. Additional Procedures

It is very important that all pets be physically fit and healthy to ensure the safest surgical experience. All animals having no history with Blackman Animal Clinic within the last year will be given a complete physical examination prior to surgery at a cost of \$39.90.

All cats in the hospital must be current on rabies. It is strongly recommended that they be vaccinated for Distemper and Leukemia. We require proof if the cat was vaccinated elsewhere.

**Blackman Animal Clinic will not be held responsible for diseases contracted by unvaccinated animals. Please initial which vaccinations we are to give your cat.**

Rabies(26.30) \_\_\_\_\_ Distemper(26.30) \_\_\_\_\_ Leukemia(26.30) \_\_\_\_\_

We strongly recommend all cats be tested for Feline Leukemia Virus (FeLV) and Feline Immunodeficiency Virus (FIV) prior to surgery. The cost of this test is \$51.10

**Please initial if you want your cat tested for FeLV and FIV.**

Yes \_\_\_\_\_ No \_\_\_\_\_ My cat has already been tested. \_\_\_\_\_

We now offer microchipping. The cost for the chip, implantation and registration is \$71.40

**Please initial if you would like your pet microchipped. Yes \_\_\_\_\_ No \_\_\_\_\_**

**PAYMENT WILL BE MADE IN FULL BY CASH, CHECK OR CREDIT CARD.**

## Owner Release (You must sign below in order for the procedures to be performed.)

**Blackman Animal Clinic is to use all reasonable precautions to safeguard my pet against injury, escape or death. I understand that anesthesia involves some minimal risk to my pet and that Blackman Animal Clinic will not be held responsible for adverse reactions to anesthesia. I assume all responsibility.**

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_