

SURGERY CONSENT FORM

Owner Name: _____ Patient Name: _____

My cat is scheduled for the following procedure(s): _____

I agree that the above procedures to be performed are correct _____

Please initial

All patients receive a pre-anesthetic exam at no charge. Post-op patients will be treated with our FDA approved Class IV Therapy Laser. As the laser penetrates deeply into tissues it stimulates cells, healing processes, and reduces pain.

Pre-anesthetic Bloodwork

This will detect if there are abnormalities in organ function which may increase your cat's anesthetic risk or change our anesthetic protocols to best serve your pet.

Blood Profile (\$70.00) I agree with the Dr. recommendation Yes No

Chest Xrays

Some cats have underlying heart or lung conditions that are hiding. Some kitties have more risk factors for anesthesia than others (ones with concurrent diseases, obesity, or seniority). Xrays can help find issues before a long anesthetic procedure.

Xrays (\$157.50) I would like Xray screening Yes No

Surgical CO2 Laser

The surgery laser has a multiple advantages. It cauterizes blood vessels and nerves so pain is reduced and healing is faster. It is always used in a variety of other surgeries.

Laser Use (\$15.00, spays/neuters) I would like the Laser Yes No

Microchip

Cats that never go outside are more at risk for getting lost if they accidentally do get out of the house. Microchips cannot be broken off like collars. We recommend all kitties get an ID chip inserted below the skin for their protection. If done today, you will get a 25% discount.

Microchip and registration (\$56.70) Yes No Already Has – Please scan and record #

Fecal

Yearly fecal exams are recommended for all cats since parasite eggs can get into our homes on our shoes or in potting soil. Cats use the litter box then walk on the kitchen counters and sleep in our beds. Some of these parasites can be transmitted to us. We can collect a sample today if due.

Fecal (\$32.00) I agree with the Dr. recommendation Yes No

For Dental Patients Only (please initial below)

_____ I approve extractions of diseased teeth the doctor deems necessary and I do not need to be contacted first.

_____ I would like to be contacted prior to any extractions/minor oral surgery, ***but in the event I am unreachable, I understand the doctor will proceed with the needed procedures.***

I assume full financial responsibility for my cat. I understand that while every precaution will be taken during any anesthetic/surgical procedure, there is always some element of risk. I authorize the Cat Clinic of Greensboro, P.C. to perform whatever emergency procedure(s) that may become necessary.

Signed: _____ Date: _____

Owner's Birthdate: _____

NC Department of Health and Human Services General Statute 90-113.70, now requires us to provide the **date of birth of the owner** whenever the patient is sent home with any Schedule II - IV class drugs for a period longer than 48 hours.

I can be reached at this phone number today: _____

Email Address: _____