

A Cat's Place Veterinary Hospital

322 Westport Ave
Norwalk, CT 06851
203 855-1146

Anesthesia Consent Form

Dr. Edward Kurose - Dr. David Santisi - Dr. Patricia Doherty - Dr. Amy Weaver

Owner's Name: _____

Address: _____

Patient's Name: _____

Breed: _____ Color: _____

Age: _____ Sex: _____

ANESTHESIA CONSENT- Please ask should you have any questions regarding this form.

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s): _____

If your pet is having a dental prophylaxis do we have permission to extract teeth if recommended by the surgeon

YES NO **I DO NOT give permission to have teeth extracted**

Have you been given an estimate for the above named procedure? YES NO

If yes, what amount was the estimate: _____

If you were not given an estimate would you like to have an estimate prior to the procedure YES NO

Has your cat had anything to eat after midnight? NO YES If yes, what time and how much? __

A veterinarian will perform an exam to assess whether your cat is healthy enough to undergo anesthesia. To further assess your cat's overall health, blood work can be run prior to the procedure. In general, cats under eight years of age are at minimal risk and blood work is usually unnecessary. However, we provide this option to all of our patients. **Would you like us to run blood work (CBC/Electrolytes/Blood Profile at \$197) before anesthetizing your cat?**

YES NO

Home Again is a microchip implanted in cats that is used to identify lost pets. A national registry records your pet's unique number and personal information. Most veterinarians and animal shelters have microchip readers to identify your pet, should it be lost. The cost for us to implant **Home Again is \$72.00** and there is a **\$30.99 one-time activation fee** for national monitoring. **Would you like us to implant Home Again at the time of surgery?**

YES NO

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I agree to be financially responsible for any veterinary care performed.

I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) and/or operation(s) and the risks involved. I realize that results cannot be guaranteed.

1. General Questions

Has your pet received any over the counter or prescription medications in the last two weeks? YES NO

If yes please specify these medications and the time of the last dose given:___

Is your pet indoor, outdoor, or both? Strictly Indoor Indoor/Outdoor Outdoor Only

Water intake has been Normal Decreased Increased
Appetite has been Normal Decreased Increased
Energy level has been Normal Decreased Increased

Gastrointestinal

Vomiting? YES NO If yes: Food Liquid Bloody How often?___
Diarrhea? YES NO If yes: Soft Liquid Bloody How often?___Has your pet been treated
for intestinal parasites recently? YES NO

Urinary

Blood in urine? YES NO Accidents in house? YES NO
Increased volume of urination? YES NO Straining to urinate? YES NO
Frequent urination? YES NO

Upper Respiratory

Sneezing? YES NO Coughing? YES NO
Runny eyes? YES NO
If yes, what color is the discharge?___

Skin

Is he/she itchy? YES NO Is he/she losing hair? YES NO
Have you bathed him/her recently? YES NO Have you seen fleas? YES NO
Do you apply any flea/tick treatment? YES NO Have you seen ticks? YES NO
If yes, what did you use?___when was the treatment done?___Is this a yearly/seasonal occurrence? YES NO

NOTICE: All animals will be checked for fleas and ticks. If detected, affected pets will be treated at owner's expense.

I have read and understand this authorization and consent.

Phone number (s) where you can be reached today

Witness to signature

Signature of Owner or Agent