



Surgical Release for Cats

Client Name _____ Pet Name _____

Procedure(s) to be Performed _____

Date of Last Vaccinations _____ Current Medications _____

Date of Last Fecal Test _____

Recent Health History

- Has your pet had any illness in past 30 days? Yes No
 Is your pet allergic to any drugs? Yes No
 Did your pet eat this morning? Yes No

Elective Procedures

Additional charges will apply to procedures to be done at the same time - *please check*

- | | |
|--|--|
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Stool Sample for Intestinal Worms |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Flush and Treat Ears |
| <input type="checkbox"/> Microchip for Permanent Identification | <input type="checkbox"/> Pain injection |
| <input type="checkbox"/> Clean Teeth (Ultrasonic Scaling/Polishing) | <input type="checkbox"/> Pain medication |
| <input type="checkbox"/> Permission to extract teeth (retained or very diseased) | <input type="checkbox"/> Biopsy |

Leukemia and Feline Immunodeficiency Virus Testing

It is strongly recommend that all cats be tested for Feline Leukemia and Feline Immunodeficiency Virus prior to any anesthetic procedure. If your cat has NOT been tested, we recommend that you choose this simple blood test prior to today's surgical procedure.

- My cat **tested negative** for Feline Leukemia and Feline Immunodeficiency
 Yes, I would like my cat tested for these deadly viruses prior to surgery _____
please initial above
 No, I understand the need for testings, but decline these tests at this time _____
please initial above

Pre-Anesthetic Blood Screening

We strongly recommend a pre-anesthetic blood screen on all animals to be anesthetized to aid in detection of problems that may not be immediately apparent. Some of these problems add to anesthetic risk and must be addressed before an elective procedure is performed.

Please check your response

- Yes**, I would like the pre-anesthetic blood screen performed on my pet for an additional fee.
 No, I understand the need for testing but **DECLINE** the pre-anesthetic blood testing.
 Doctor's Discretion

Churchman Animal Hospital
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 Indianapolis, Indiana 46203

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Hours M W F 7 am – 7 pm
 T T 7 am – 6 pm
 Sat 8:30 am – 1:30 pm

Thank you for bringing your pet to us for surgery. At the Churchman Animal Hospital we use the safest, most up to date anesthesia available but this does not absolve all risk. All anesthetics carry risks ranging from post-operative nausea to death. While these occurrences are rare they do happen occasionally, even though protective measures are taken. Please read the following and sign below.

I consent to the administration of such anesthetics as are necessary. I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and fully understand this authorization for surgical treatment. I also assume financial responsibility for all charges incurred to patient and agree to pay all such charges at the time of release of the patient.

I understand that **payment in full is required** prior to, or at the release of my pet. _____
please initial above

Signature of Owner _____ Date _____

Telephone Number that you can be reached at **TODAY** _____