HARTLAND CAT HOSPITAL **Where Cats Rule!!!**

Authorization for Medical or Surgical Care

Cat's Name: _____ Owner's Name: _____

Procedure: _____

I authorize the doctor and staff at Hartland Cat Hospital to perform such diagnostic, anesthetic, surgical or medical treatment procedures as may be advisable and necessary for the health of my pet.

Due to the fact that surgery is an anesthetic procedure, pre-anesthetic blood work is required. Blood work is vital in screening for any underlying conditions such as: infections, renal insufficiency, conditions of the liver etc., which may place your cat at a higher risk for anesthesia.

Cats older than 8 years require geriatric blood work.

I understand that pre-surgical blood work is required: _____

(Please Initial)

Is your pet currently on any medications/supplements? **If so, please fill out back side of form.**

Has your pet been FIV/FELV Tested? _____, When_____, Where_____

If not, would you like your pet tested for FIV/FELV? _____($48.00)

Although we employ the highest level of anesthetics and surgical standards, please understand that these procedures involve risks and unforeseen complications can occur.

I understand that during the performance of the procedure or operation, unforeseen conditions may necessitate any extension of the procedure, or a different procedure, and authorize this extension based on the veterinarian's professional judgment. _____

(Please Initial)

If Dental is being performed, I authorize any extractions that the doctor deems necessary._____

(Please Initial)

Pain Medication is recommended to aid in the recovery process. Do you authorize post operative pain medication? _____

(Please Initial)

Vaccinations: Our hospital requires all pets to be current on vaccines. If your pet is not current on vaccines, we can update them during their visit. **Is your pet up to date on vaccines?**_____

Parasite Control: All patients will be inspected for fleas at the time of admission. If fleas are present, a Capstar tablet will be given at the expense of the owner.

Estimates: If you have not yet been given an estimate and would like one, please ask the front desk so one can be made for you.

I hereby authorize the veterinarian to examine, prescribe for and treat the above pet. I assume responsibility for charges incurred in the care of this animal. I understand that theses charges are due at the time services are rendered.

Owner's Signature _____ Date _____

What number is **BEST** to reach you at today? Home: _____

Work: _____ ext: _____

Cell: _____

Current Medications

Medication Name	What time was last dose given?	What is the dosage?	How often is medication given?	If not prescribed by Hartland Cat Hospital, For what reason is it given and where was it prescribed.

Previous Clinics

It is helpful for us to have records from other clinics that may have lab work or other useful diagnostic information. Please tell us any other clinics/hospitals that may have history on your pet.

Date	Clinic Name