

Feline Elective Procedure Authorization

Cat's Name _____

Owner's Name _____

Your cat is here for:

- ☐ Feline Spay
☐ Feline Neuter
☐ Feline (other) _____

Anesthesia/Medical History

1. Is your cat allergic to any medications/drugs? ☐ Yes ☐ No

Explain: _____

2. Has he/she ever had a seizure? ☐ Yes ☐ No

Explain: _____

1. Has your cat ever been under general anesthesia? ☐ Yes ☐ No
Were there any problems? ☐ Yes ☐ No

Explain: _____

Is your cat Indoor _____ Outdoor _____ Both _____

Would you like a complementary nail trim while they're under anesthesia? _____

Elective Procedures

1. If your MALE cat were found to be **cryptorchid** (one testicle), would you like the doctor to proceed with surgery? *We are perfectly happy to do surgery on your pet even if they are cryptorchid. It is important for you to know this will cause the procedure take longer, be slightly higher risk, and therefore is more expensive. It is highly recommended to remove the undescended testicle.

☐ Yes ☐ No ☐ Call ☐ NA

2. If we were to discover your FEMALE CAT is **pregnant** and it is still in the early stages (first few weeks), would you like us to proceed with a Spay procedure? * It is important for you to know this may cause the procedure to take longer, be higher risk and therefore more expensive.

☐ Yes ☐ No ☐ Call ☐ NA

3. For the health of your cat it is strongly recommended that their vaccines are current. Please select the vaccines you would like your cat to have updated. *There will be an additional charge for vaccines.

(A Rabies vaccine or proof thereof is required on cats.)

☐ RABIES ☐ RCCP(DISTEMPER) ☐ LEUKEMIA ☐ CURRENT

4. Microchip Identification allows your pet to be identified if they were to become lost or run away.

☐ Yes ☐ No

5. Are there any other things you would like us to do while your cat is anesthetized?

(Ear exam/cleaning, eye exam, apply topical parasite treatment, etc.) *There will be a charge for additional services.

☐ Yes _____ ☐ No

I understand that I am authorizing the above elective treatments and there will be an additional charge for said treatments.

Owner's Initials/ Date

Feline Pre-Anesthetic Laboratory Testing Recommendations

PLEASE READ CAREFULLY AND SIGN

Your cat is scheduled for anesthesia. We recommend a pre-anesthetic blood profile to ensure your cat is in a low-risk category. State-of-the-art technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests resemble those your physician would run before you underwent anesthesia. In addition, these test results will serve as reference values should your cat become ill in the future.

FELV/ FIV TEST

This screening test should be done on stray, sick, and new cats. This test will screen for Feline Leukemia (Felv) and Feline Immunodeficiency Virus (FIV). Both virus's affect the body's ability to fight infection, can shorten their lifespan, and can be spread to other cats in your household.

☐ I elect this ☐ I decline this

CHEM 17 PANEL, ELECTROLYTE, AND CBC

THIS PANEL COMBINATION IS REQUIRED FOR CATS 7 YEARS OF AGE OR OLDER AND ALL NON-ROUTINE AND /OR ORTHOPEDIC SURGERIES (regardless of age).

Please ask what type of surgery your pet is having performed if you are unsure.

Blood tests help us to determine whether or not your pet can properly process and then eliminate the anesthetic that is administered. Sometimes, even an apparently healthy cat can harbor hidden health conditions that can put them at risk while under anesthesia.

-Our Chemistry Panel will check the following:

| | | | |
|---------------------|------------------|-----------------|---------------------------|
| BUN (kidney) | ALKP (liver) | Glucose (sugar) | Total Protein (hydration) |
| Creatinine (kidney) | ALT (liver) | Electrolytes | Calcium (certain cancers) |
| Phosphorus (kidney) | Globulin (liver) | ALB (protein) | Amylase (pancreas) |
| | Bilirubin(liver) | | |

-Our CBC (Complete Blood Count) will assess anemia, cancer, infections, and clotting.

Cat's Age _____/Required ☐ ☐ Done on _____ ☐ I elect this ☐ I decline this

INTESTINAL PARASITE EXAM

It is important to have an Intestinal Parasite Exam done annually to check your cat for intestinal parasites. Cats and kittens do not always show signs of having intestinal parasites and parasites cannot be seen by the human eye. Most kittens are exposed to parasites from their mother and all adult cats are at risk for picking up parasites while hunting or from other pets. Most importantly, these parasites can be transmitted to people, especially children, the elderly or anyone with a compromised immune system.

☐ I elect this ☐ I decline this

HISTOPATHOLOGY (Mass Removals)

If your cat is having a growth removed, a sample of tissue can be sent out for identification to an outside lab by a certified histopathologist. This is a good way to screen for stages and types of tumors. Further surgeries or treatments can be ruled out by histopathology results. Results are usually available within 7-10 days.

☐ I elect this ☐ I decline this ☐ N/A

I understand that I am authorizing or am required to have the above elective treatments and there will be an additional charge for which I will assume full financial responsibility. I understand there is always a potential risk for anesthesia and surgery.

Cat's Name

Owner's Initials/ Date

CALEDONIA VETERINARY CLINIC

HOSPITALIZATION CONSENT FORM

* (PLEASE READ AND SIGN) *

PET'S NAME _____

| DESCRIPTION |
|--|
| <p>1. Project Overview: The project aims to develop a comprehensive system for managing and analyzing data related to the company's operations. The system will be designed to be user-friendly, scalable, and secure.</p> <p>2. Objectives: The primary objectives of the project are to streamline data collection, improve data accuracy, and provide real-time insights into the company's performance. The system will also facilitate data sharing and collaboration across different departments.</p> <p>3. Scope: The project scope includes the development of a web-based application, a mobile application, and a data warehouse. The system will be able to handle large volumes of data and support various data analysis tools.</p> <p>4. Key Features: The system will include features such as data ingestion, data cleansing, data storage, data analysis, and data visualization. It will also have a robust security framework to protect the data from unauthorized access.</p> <p>5. Timeline: The project is expected to be completed within a 12-month period. The timeline includes a 3-month discovery phase, a 6-month development phase, and a 3-month testing and deployment phase.</p> <p>6. Resources: The project will require a team of developers, data analysts, and project managers. It will also need access to various software tools and hardware resources.</p> <p>7. Risks: The project faces several risks, including data quality issues, integration challenges, and potential security vulnerabilities. These risks will be mitigated through thorough testing and implementation of security measures.</p> <p>8. Conclusion: The project is a critical initiative for the company, as it will enable better data management and decision-making. The successful completion of the project will significantly enhance the company's operational efficiency and competitive advantage.</p> |

PROCEDURE

PREFERRED CONTACT METHOD FOR ROUTINE FOLLOW-UPS (circle method(s)): Call/ Email/ Text
 @ _____

[illegible]

I certify that I own or have assumed financial responsibility for the above-described animal. I do hereby consent and authorize the Caledonia Veterinary Clinic and its staff to hospitalize this animal, to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatment that the doctors deem necessary for the health, safety, or well-being of this animal while it is under their care and supervision.

If this animal should injure itself in an attempt to escape, refuse food, soil itself, become ill or pass away while in the hospital, I will hold the Caledonia Veterinary Clinic free of any responsibility and/or liability in the absence of gross negligence.

By signing this consent form I understand that I am giving Caledonia Veterinary Clinic permission to sedate or anesthetized if deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I understand that results cannot be guaranteed.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I am unable to pay for the above procedures and treatments in full at time of discharge, Caledonia Veterinary Clinic is permitted to hold my animal until full payment is made. I am responsible for any and all charges incurred as a result of Caledonia Veterinary Clinic holding my animal as a result of non-payment. If I neglect to pick up the animal within five (5) days of a written notice mailed by registered letter to me, Caledonia Veterinary Clinic may assume that the pet is abandoned. Caledonia Veterinary Clinic is then authorized to rehome or surrender to an animal shelter as they see fit. Abandonment does not release me of my obligation to pay for all charges incurred while this pet is a patient.

A finance charge is applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.50% per month, which is 18% annually. There is a minimum \$3.00 billing charge.

Check-out is between 3:30-4pm unless other arrangements have been made.

Please note:

If your pet is not picked up prior to time of closing at 5:00pm you will be charged an additional fee.

5:00 – 5:15 \$25.00

After 5:15 \$50.00

I have read and understand this authorization and consent agreement. I also understand that I am responsible for all charges incurred while my pet is a patient at Caledonia Veterinary Clinic.

SIGNED _____ **DATE** _____

PHONE NUMBERS THAT I CAN BE REACHED AT TODAY: 1st number:

2nd number: