



SMALL ANIMAL HOSPITAL

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FELINE SURGERY CONSENT

OWNER'S NAME		DATE	
ADDRESS	CITY/STATE	ZIP	
HOME PHONE	WORK PHONE	MOBILE	
ANIMAL'S NAME _	BREED _		
SPECIES	COLOR	_AGE S	EX
I, being responsible for the above animal, have the authority to grant you my consent to receive, prescribe for, treat, sedate, and/or operate upon my pet. I understand the surgery or treatment contemplated is:			
You are to use all reasonable precautions against injury, escape or death of my pet, but you will not held liable or responsible in any manner in connection therewith, as it is thoroughly understood that I assume all risks.			
All charges including boarding costs shall be paid upon release from the hospital. If the pet is not			
called for within 3 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 3 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from payment for all costs of your services and use of your hospital including the cost of boarding.			
Felines leukemia and feline immunodeficiency virus (feline AIDS virus) can cause a potential risk for anesthesia and surgery as well as an added medical expense for you in the future or possible death for your cat. Heartworms are now found in cats, too, therefore, Dr. Williams recommends a test for these diseases prior to surgery, even if your cat has been previously tested.			
The cost for the leukemia, AIDS, and heartworm test is \$40.00.			
YES Test my cat for leukemia/AIDS/ heartworms prior to surgery and contact me if the test is positive.			
N	O I decline testing prior to surge	ery and permit you	u to proceed with surgery.
I have read and full	y understand these options giver	n to me.	PHONE #Where you can be reached during surgery