

## Kentwood Cat Clinic and Cat Clinic North Surgery Authorization

Patient: \_\_\_\_\_ Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Today's Phone #'s: \_\_\_\_\_, \_\_\_\_\_

I authorize the Kentwood Cat Clinic/ Cat Clinic North to anesthetize my pet for surgery. I understand that any anesthetic procedure involves some potential risk to the patient. Side effects of anesthesia can include fatigue, nausea, vomiting, low blood pressure or rarely, death. To limit the chance of any side effects or complications, my pet will have an intravenous catheter placed and may receive intravenous fluids throughout the anesthetic procedure to maintain normal blood pressure and organ blood supply.

Current immunizations are required. My pet needs: Rabies Distemper FeLV

Procedure(s): \_\_\_\_\_  
\_\_\_\_\_

My pet HAS HAS NOT eaten anything this AM. If my pet has eaten, the surgery must be performed later in the day to avoid vomiting and aspiration of stomach contents, and my pet may need to stay until evening or the next day for discharge.

For the health and safety of your pet, preanesthetic bloodwork is performed to determine if any pre-existing conditions exist which would increase the risk of anesthesia. This blood work is REQUIRED in pets 8 years of age and older. It is highly recommended in younger pets.

1. 8 years and older- Required
2. Less than 8 years old : *Yes*, please test my pet \_\_\_\_\_  
*No*, I waive the testing recommendation and accept the increased anesthetic risk \_\_\_\_\_

Additional requests/ concerns: \_\_\_\_\_  
\_\_\_\_\_

I have read and understood the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_