

## Veterinarians to Cats Consent for Surgical/ Medical Procedures

2750 Electric Rd  
Roanoke, VA 24018  
(540) 989-1400

Name:		Animal:	
Address:		Age:	
		Color:	
Phone:		Breed:	
Chart:			
Date:		Sex/Wt:	

I am the owner or agent for the above described animal and have the authority to execute this consent.

I hereby consent and authorize the staff and veterinarians at Veterinarians to Cats to perform such diagnostic, therapeutic, anesthetic, dental, grooming and/or surgical procedures as have been described to me to be in their opinion necessary and advisable.

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or a different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. **AN EXAMPLE WOULD BE IF AN EXTRACTION(S) BECOME NECESSARY DURING A ROUTINE DENTAL.**

I understand that risks are involved and that results cannot be guaranteed.

***Please check the box if you accept these procedures.***

1  ANESTHETIC AUTHORIZATION-I authorize the use of appropriate anesthetics and understand anesthesia involves risks in addition to those involved with the recommended surgical /medical/dental/grooming or diagnostic procedures.

2.  PROCEDURE AUTHORIZATION-I authorize Veterinarians to Cats to perform the following procedure(s).

3.  PRE-ANESTHETIC BLOOD SCREENING(**REQUIRED FOR CATS 7 YEARS AND OLDER**) I authorize pre-anesthetic blood screening to detect underlying problems and to establish normal baseline values. THESE TESTS CHECK LIVER AND KIDNEY FUNCTIONS AND HELP THE MEDICAL STAFF COMBAT THE RISKS OF ANESTHETIC ADMINISTRATION AND TO SELECT THE APPROPRIATE ANESTHETIC AGENT OR AGENTS. Additional bloodwork may be recommended due to age or condition. **If the cost of bloodwork should exceed \$100, do we need to contact you? YES  / NO**  If I choose to decline bloodwork, I understand that the risk of complications will increase.  **DECLINE**

4.  EKG AUTHORIZATION I authorize a Lead II EKG to detect underlying cardiac disease and to establish a baseline tracing. This test helps the medical staff to better evaluate the condition of the heart and to determine appropriate treatment(s). This test is recommended but not required.  **DECLINE.**

We require all cats who are admitted to the hospital to be current on Rabies and FVRCP vaccines. This is for their protection as well as the protection of the staff and any other cats in the hospital. All cats are examined upon admission for fleas. If your cat has fleas we will apply a topical flea product to protect the hospital from infestation. You will be financially responsible for the medication.

I assume financial responsibility for all professional services. I agree that if the fees are not paid I will be obligated for any accumulated service charges at the rate of 1.5% or \$4.00 per month ( whichever is greater), attorney fees of 33.3% and court costs.

I have read and understand that Veterinarians to Cats has the following medical staffing hours:

Monday-Friday: 8:00AM to 5:30PM

Saturday: 8:30AM to 12:00 Noon

I have read and understand this authorization consent.

## **PROCEDURE AUTHORIZATION**

I am the owner or agent of the above described animal and have the authority to execute this consent.

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure (s) or operation(s) or different procedure(s) or operations than those set forth below. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

I understand that risks are involved and that results cannot be guaranteed.

All cats are examined upon admission for fleas. If your cat has fleas, we will apply a topical flea medication (Advantage, Frontline, Profender or Revolution) to your cat to avoid any flea infestation at our hospital. You will be financially responsible for the medication.

I assume financial responsibility for all professional fees. I agree that if the fees are not paid I will be obligated for any accumulated service charges at the rate of 1.5% or \$4.00/month (whichever is greater) attorney fees and court costs.

**I have read and understand this authorization and consent for the following procedure(s).**

- | #  | PROCEDURE |
|----|-----------|
| 1. |           |
| 2. |           |
| 3. |           |
| 4. |           |

## BOARDING AGREEMENT

ARRIVAL DATE:

DEPARTURE DATE:

DIET:

CANNED FOOD  DRY FOOD  PRESCRIPTION DIET  NAME OF RX DIET:

MEDICATIONS TO BE GIVEN:

PET'S NAME

MEDICATION

DOSAGE OF MEDS

TIME TO BE GIVEN

PLEASE LIST ANY SPECIAL INSTRUCTIONS OR REQUESTS:

**WE ARE NOT RESPONSIBLE FOR LOST, SOILED OR BROKEN TOYS, DISHES, BEDDING ETC. ALL CAT(S) MUST BE CURRENT ON RABIES AND DISTEMPER VACCINATION.**

We at Veterinarians to Cats do our very best to keep all our patients healthy and happy, but please be advised that your pet is boarding in a hospital setting and could be exposed to airborne illness over the course of his/her stay. **You will be responsible for any cost incurred for treatments, medications etc. should this occur following stay.** Reasonable precautions will always be used against injury, escape, or death of your cat(s). Neither the hospital nor the staff will be held liable for problem(s) that develop provided reasonable care and precautions are followed. I, the client, understand that any problem(s) that develops with my cat(s) will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I understand that I am responsible for the amount that is due along with any accumulated interest, billing fees and court costs. By signing below I am indicating that I have read, understand and agree to the terms above.

**Veterinarians To Cats is a full service hospital, however, we are unable to provide around the clock supervision for most cases within our hospital and boarding facility. We are staffed ( at least ) 8 a.m. to 5:30 p.m. Monday through Friday; and 8:30 a.m. to 12 noon on Saturday. Veterinarians and/or other staff members also observe, feed and care for your cat (s) at least once on Saturday evening and twice on Sunday. You may transfer your cat to Emergency Veterinary Services of Roanoke for observation and care during the hours we are closed and therefore not staffed. ( There is a fee payable to EVSR for this service).**

**{CLIENTSIGNATURE}**

**{PHONENUMBER}**  
**Client's contact information**

**{NAMEOFSTAFFCHECKINGINHOSPITAL}**  
**Name of staff member checking cat into hospital**