



PETERSEN
PET HOSPITAL PC

Brad Petersen, D.V.M. • Emily Saunders, D.V.M.
Steven McGinty, D.V.M. • Ann Eike, D.V.M.

Please complete and
return this form the
morning of your
surgery appointment.

420 Colton Circle NE Unit 3 • Cedar Rapids, IA 52402 • 319-743-0554 • www.petersenpethospital.com

SURGICAL AND ANESTHETIC CONSENT FORM FOR FELINE PATIENTS

Owner's Name _____ Daytime Phone: _____ Evening Phone: _____

Pet's Name: _____ Breed: _____ Sex: _____ Age: _____

As Owner (or Agent for the Owner), of the pet described above, I authorize Petersen Pet Hospital, P.C. to perform any diagnostic, therapeutic, anesthetic, emergency, and surgical procedures necessary for treating and maintaining my pet's health and well-being. While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. If my animal should injure itself, escape, fail to eat, become ill, or die, I won't hold Petersen Pet Hospital, P.C. and its employees responsible. I expect the hospital to use reasonable precautions to ensure my pet's safety, **and I agree to pay in full when the pet is discharged.**

I give my consent to Petersen Pet Hospital P.C. to perform the following procedures:

The combination of blood tests and/or vaccinations that we require for feline patients undergoing anesthesia are listed below:

- Pre-anesthetic Blood Profile
- Feline Leukemia & Immunodeficiency Viral Test
- Rabies and Distemper Vaccinations

Like you, our greatest concern is the well-being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, ***we require a pre-anesthetic profile (a combination of tests) for all animals if not performed within the last two months.*** The tests we require are similar to and equally important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that would require medical treatment in the future.

Please complete the required testing prior to administering anesthesia to my pet.
(You have the choice of which level you would like us to perform)

Please sign by one:

BRIEF BLOOD PROFILE (signature) _____ Date _____

Brief Pre-anesthetic blood profile: **\$83.43**
(A Brief Evaluation of your pet's health – kidney function, liver function, red blood cell count (anemia),
glucose level (diabetes/sugar) and protein levels (hydration))

COMPLETE BLOOD PROFILE (signature) _____ Date _____
(Strongly recommended for patients over 8 years of age)

Complete Pre-anesthetic blood profile: **\$153.47**
(An extensive evaluation of your pet's health – kidney function, liver function, thyroid function,
complete blood count (anemia, infection, clotting), electrolytes, cholesterol and protein levels
(hydration))

Additional Treatments

While your pet is under anesthesia for the above procedure, we recommend that you consider additional services. Please initial by the service you would like performed.

| | | |
|--------------------------------|-------|-------------------|
| Toe Nail Trim | _____ | \$15.10 |
| Microchip | _____ | \$60.61 |
| Extract Deciduous (Baby) Teeth | _____ | \$22.78/tooth |
| Express Anal Glands | _____ | \$25.66 |
| Shave Mats | _____ | \$22.33 - \$46.42 |

Administration of Pain Medication

If your pet is experiencing any pain from the surgery and/or anesthesia, pain medication will be given at that time which will be an additional cost. This will be at the veterinarian's discretion.

Please be advised that any prices quoted pre-surgically by any representative of Petersen Pet Hospital, P.C. are estimates and actual charges may vary depending upon the individual situation. Payment is due at the time services are rendered.

Method of Payment: Cash Visa MasterCard Discover Care Credit

Signature of Owner: _____ **Date:** _____

Your pet's surgery is scheduled for the morning of _____

Please do not feed your pet after 10:00 p.m. on the night before surgery.