

Feline Surgery Form

Patient _____ Procedure _____

All Cats 4 months of age and older are required to have a Rabies vaccination. Cost is \$10.00 Accept _____ (Initial)

If live fleas are found a Capstar tablet will be administered for an additional \$6.25 _____ (Initial) We can also apply a dose of month long flea control for an additional fee if you would like Accept _____ Decline _____

All pets receive a physical examination prior to surgery at no additional cost to you however, all pets 7 years of age or greater are required to have pre-anesthetic labwork at an additional cost of \$46.00, this labwork may also be done on younger patients if requested. Accept _____ Decline _____

If ear mites are found on your cat, treatment can be administered. One time treatment performed in office is \$22.00 Accept _____ Decline _____ Or drops may be sent home for treatment for \$14.00 Accept _____ Decline _____

If your cat has an umbilical hernia, it can be easily repaired during surgery for an additional fee of \$20.00 Accept _____ Decline _____

If your cat has not been tested for feline leukemia, feline immunodeficiency virus, or heartworm disease this test can be performed for an additional \$33.00 Accept _____ Decline _____

If your cat is in heat or early pregnant, there is an additional fee of \$15.00, if the cat is late term pregnant the fee is \$40.00, and may include euthanasia of offspring. Accept _____

Post operative pain medication is highly recommended and is required on all declaws and orthopedic procedures. Cost is \$9.00. Accept _____ Decline _____

A dental sealant can be applied to your cats teeth to prevent future dental problems while under anesthesia for an additional \$10.00. Accept _____ Decline _____

I, the undersigned, do hereby certify that I am the owner(duly authorized agent for the owner) of the animal described, that I do hereby give the doctors and staff of Mountain View Veterinary Clinic full and complete authority to perform the surgical procedure described above. And I do hereby and by the presents forever release the said doctors and employees from any and all liability arising from said surgery on said animal.

Emergency contact number _____

Sign _____ Date _____