

ALL ANIMAL VETERINARY SERVICES



2264 Route 32 Modena, NY 12548

Phone: 845-255-2900

Fax: 845-255-5285

Feline Surgery Consent Form

Owner's Name _____ Phone _____ Alt Phone _____

Address _____ City _____ State _____ Zip _____

Patient name _____ Breed _____ DOB _____ Sex _____

Please Select the additional services you would like performed while your pet is in our care.

Service	Yes	No
Distemper Vaccine		
Rabies Vaccine		
Feline Leukemia Vaccine		
Feline Leukemia and AIDS Test		
Pre-surgical ECG Screening		
Pre-Surgical Bloodwork		
Nails		
Anal Glands		
Flea Treatment		
Dewormer		
Fecal Exam		
Microchip		

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize Dr. Acworth to perform the following procedures or operations:

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type, as well as with anesthetics and other drugs that may be administered to my pet during the procedure. The risks have been explained to me, I have had the opportunity to ask questions, and I feel my questions have been answered. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I understand the clinic staff will notify me at the above listed numbers. I authorize the use of appropriate anesthesia, pain relief medication, and antibiotics as needed before, during, and after the procedure. Should the need arise, I give permission for the hospital staff to perform CPR as necessary to my pet until contact has been made with me or any alternate contact, unless this box is initiated, initiating a DNR order []. I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

Signed: _____

Date: _____