

All Cats Hospital, P.A.
Release Form – **SURGERY and DENTISTRY**

Cat's Name: _____ Age: _____

Client's Name: _____ Date: _____

PLEASE INDICATE WHICH NUMBER(S) WE SHOULD USE TO CONTACT YOU TODAY:

Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Other Phone Number: _____

1. Cat's Diet: Brand: _____ CANNED DRY BOTH

2. Is your cat: INDOORS OUTDOORS BOTH

3. Reason for Visit: _____

Additional services requested: _____

(Please ask for an estimate for cost of additional services)

4. Is your cat on flea or heartworm prevention? YES NO

If so, what type? Revolution Advantage Frontline

Was flea prevention applied within the last 30 days? YES NO

If your cat has evidence of fleas, they **will be treated at your expense** in order to maintain a flea-free hospital.

5. If medication is necessary, which do you prefer? Pills Liquid Either

6. When did your cat last eat? _____

If your cat is undergoing anesthesia, it is VITAL that we know if they have eaten today to prevent life-threatening complications.

7. FOR DENTISTRY PATIENTS ONLY

Extractions cost \$35-\$110 per tooth (including dental x-rays). Do we need to contact you before performing extractions? YES, CONTACT ME (see below) NO – PROCEED WITH EXTRACTIONS

Please realize that we only remove diseased, painful teeth, and that if you answer yes and we are unable to immediately reach you, a second anesthetic procedure will be necessary.

8. Certain surgeries and dentistry require an overnight stay. Pets are unsupervised overnight. If you wish to have your pet supervised overnight at the emergency hospital, please let a nurse or doctor know.

9. I, the undersigned owner or authorized agent, hereby consent and authorize All Cats Hospital, P.A., its veterinarians and agents to receive, prescribe for, board, or operate upon my cat. I understand that no guarantee has been made except reasonable precautions against injury, escape, or illness. I authorize All Cats Hospital, P.A. to remove my cat(s) from the premises if weather or building conditions warrant it best for them.

If someone other than yourself will be picking up, please indicate: _____

Print name of owner or agent: _____

Signature of owner or agent: _____