

# FERAL CAT Veterinary Surgical Release Form

## Owner Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you with a rescue or a sponsored program? If yes, which rescue or program:

\_\_\_\_\_

## Pet Information (if you do not know, please write your best guess)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex (circle): Male Female Unknown

Breed \_\_\_\_\_

Color \_\_\_\_\_

## **Add on Services:**

- |   |   |
|---|---|
| <input type="checkbox"/> Fix & Ear Tip (\$60)                   | <input type="checkbox"/> If your pet has live fleas, we require flea preventative and the cost is \$22. |
| <input type="checkbox"/> Feline Combo Test (FEL/FIV) (\$40)     | <input type="checkbox"/> Any additional treatments or tests (ask us for pricing)                        |
| <input type="checkbox"/> Ear Cleaning (\$15)                    |   |
| <input type="checkbox"/> Nail Trim (\$10)                       |   |
| <input type="checkbox"/> Labwork (wellness panel) (\$150-\$180) |   |

## **Surgical Consent:**

I am the owner or the agent for the owner of the animals described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors and staff at Priceless Pets Veterinary Clinic to perform the above noted procedures or operations. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. 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 authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

\_\_\_\_\_  
*Signature of Legal Owner or Guardian of Pet*

\_\_\_\_\_  
*Date*

In the event your pet is pregnant, we will move forward with the termination of pregnancy. INITIAL HERE: \_\_\_\_\_  
In the event your pet has additional medical issues, do you wish to move forward with treatment? We will not exceed over \$50 without calling for approval. I do \_\_\_\_\_ or do not \_\_\_\_\_

While I understand this is against medical advice, I decline all pain medication and antibiotics. Initial \_\_\_\_\_

In the case that any life-threatening emergencies arise I do \_\_\_\_\_ or do not \_\_\_\_\_ give my permission to preform emergency lifesaving treatment. I grant my consent for this procedure. I agree to pay in full for services rendered at the time of pick up.

\_\_\_\_\_  
*Signature of Legal Owner or Guardian of Pet*

\_\_\_\_\_  
*Date*