



AnimalWorks: 3377 Regal Drive
Alcoa, TN 37701 (865) 379-2227

Pre-Surgery Release Form - CATS

Surgery Date: _____ Client Name: _____

Telephone (H) _____ (W) _____ (C) _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate Contact Name: _____ Telephone: _____

E-Mail Address: _____

Patient Name: _____ Age: _____ CAT MALE FEMALE

Breed: _____ Color: _____ How long have you owned your pet? _____

Is your pet currently on any medications? _____ If YES, please list: _____

Does your pet have any past or current health problems? YES NO If YES, please explain: _____

Please check any problems you have noticed: Problems Breathing: _____ Scratching: _____ Increased Thirst: _____
Loss of Appetite: _____ Gagging: _____ Coughing: _____ Scooting: _____ Shaking Head: _____ Limping: _____
Loss of Balance: _____ Vomiting: _____ Diarrhea: _____ Sneezing: _____ Nasal Discharge: _____ Depression: _____
Eye Discharge: _____ Other: _____ Please explain: _____ List any known allergies: _____

Are there any other animals in your home that are sick at this time? YES NO

Please answer the following questions with a check mark.

VACCINATIONS:

Written proof of a current Rabies Vaccination is required for all surgical patients.

- I have written proof of Rabies
- Rabies Vaccination (\$10.00) needed today

Written proof of a current Distemper Combo Vaccination is required for all surgical patients.

- I have written proof of a Distemper Combo Vaccination
- Distemper Combo Vaccination (\$14.00) needed today

It is recommended that all outdoor cats be tested for the Feline Leukemia Virus and Feline Aids Virus because these are contagious and potentially fatal viruses.

- Please test my cat for these viruses today (\$25.00)
- I do not want my cat tested for these viruses today

Feline Leukemia Vaccinations are strongly recommended for outdoor cats. The first year this vaccine is administered, the cat should receive an initial vaccination and then a booster 3 weeks later. After that, only an annual booster is needed. (Cats must first be tested before receiving this vaccination. (See above question)

- Please give my cat a Feline Leukemia Vaccination today (\$18.00)
- I do not want a Feline Leukemia Vaccination given today

OTHER SERVICES:

Fecal samples may be checked to see if intestinal parasites such as Roundworms, Hookworms, Whipworms & Tapeworms are present. Over the counter de-wormers are not effective against all of these parasites.

- Please check my pet's fecal sample for parasites (\$10.00)
- I do not want a fecal sample checked for my pet.

Microchipping is the only permanent form of pet identification. A microchip is about the size of a grain of rice and is inserted under the skin between the shoulder blades. If your animal is lost or stolen, animal shelters can check for microchips as can most Veterinarians. The cost of microchipping is \$35.00

- Please microchip my pet today
- I do not want my pet microchipped

- Please have my pet's nails trimmed today (\$8.00)
- Please clean my pet's ears today (\$5.00)
- Please check here if you would like to purchase flea and/or tick control

- Flea and/or tick infestation: I understand that if my pet shows signs of flea and/or tick infestation upon examination that they will automatically be treated with Frontline at an additional charge. Additionally, if my pet shows ear mite infestation, it will automatically be treated at an additional charge. These treatments help ensure the health of your pet as well as prevent infestation of other clinic animals.
- I understand that should any complications arise during or after surgery that I may be charged additional fees. I understand that if my pet is in heat, pregnant or obese, there will be an additional charge.

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant AnimalWorks and it's staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I understand that modern techniques and trained staff will be used to care for all animals, and all precautions will be used against injury, escape, or death of the animal. It is thoroughly understood that AnimalWorks, it's staff, volunteers and agents will not be held responsible in any manner and I assume all risk. I further understand that as long as, in the opinion of the attending Veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending Veterinarian can refuse to perform any procedure on any animal for any reason and such refusal is at the sole discretion of the attending Veterinarian. I understand that animals may be identified with a permanent tattoo. I also understand that all animals must be picked up from the clinic at the time and day designated by the clinic staff. Daily boarding charges will apply to any animal left overnight. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and will be disposed of in accordance with policies established by AnimalWorks. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs, including boarding expenses. If for any reason your animal bites a staff member, volunteer, or fellow client, the animal may be required to remain at the clinic for 10 days for observation at the discretion of the Veterinarian. During that time the animal will receive food, water and any necessary medical care.

Signature: _____ Date: _____

Office Use Only – AnimalWorks Medical Record

Client name: _____ **Patient Name:** _____ **SPECIES: FELINE**

WEIGHT: _____ **CAGE #** _____ **SPAY** **NEUTER** **UNKNOWN**

PHYSICAL EXAM: General: WNL ABN NE _____

Notes: _____ Eyes, Ears, Nose: WNL ABN NE _____

_____ Respiratory: WNL ABN NE _____

_____ Heart Rate _____

ANESTHESIA:

Pre-op

Mor./Ace _____

Torb./Ace _____

Atrpine _____

Other _____

Anesthetic

Ket../Val. _____

TKX _____

TTD _____

Other _____

Post-Op

Ace _____

Yohimbine _____

Antisedan _____

Other _____

Comments: _____

SURGERY REPORT

Routine Feline OVH Routine Feline Castration In Heat Pregnant Crypt Obese

Suture Material: 3/0 Pedicles Linea Sub Q Subcuticular
 2/0 Pedicles Linea Sub Q Subcuticular

Other: _____

Surgery Notes or Instructions: _____

ADDITIONAL SERVICES REQUESTED:

RABIES VACCINATION

RABIES TAG # _____

FVRCP

FVRCP-C 1ST 2ND 3RD 4TH ANNUAL

COMBO TEST

RESULTS: FELV/FIV: POS NEG

FELV VACCINATION

FELV: 1ST 2ND ANNUAL

FECAL CHECK

FECAL: Results: _____

DEWORM: STRONGID OTHER: _____

MICROCHIPPING

DONE

NAIL TRIM

DONE

EARS CLEANED

DONE

FLEA/TICK PREVENTATIVE APPLIED: Advantage Frontline

Meds dispensed: _____

Comments: _____