



AnimalWorks
3377 Regal Drive ♦ Alcoa, TN 37701 ♦ 865-379-2227

Pre-Surgery Release Form - **CAT**

Surgery Date: _____ Your Name: _____

Address: _____ City: _____ St: _____ Zip: _____

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

Email: _____ Alt. Contact: _____ Ph: _____

PET'S INFORMATION:

Patient Name: _____ Age: _____ Sex: MALE FEMALE UNKNOWN

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

Please list any Medical Conditions / Medications: _____

SPAY / NEUTER

(FEMALE) SPAY for my cat – \$45.00

(MALE) NEUTER for my cat – \$35.00

INDIVIDUAL VACCINES & TESTS

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

- I have written proof of Rabies
- Rabies Vaccination needed today

Annual Distemper/FVRCP is strongly recommended for all surgical patients

- Distemper Combo Vaccination (\$12.00)

Feline Leukemia Virus (FELV) and Feline Aids (FIV) testing is recommended for all outdoor cats. These are highly contagious and potentially fatal viruses

- Please test my cat for FIV/FELV/HWA today (\$23.50)

Feline Leukemia Virus (FELV) vaccines are strongly recommended for outdoor cats. The first year this vaccine is administered, the cat should receive the 1st vaccination & then a booster 3 weeks later. After that, only the annual booster will be needed. (Cats must first be tested before receiving this vaccine. (See above)

- Please give my cat the Feline Leukemia Vaccine today (\$14.00)

Revolution (Flea, Tick, Ear Mite & Heartworm preventative) can be applied to your cat today at time of surgery

- Please apply Revolution to my cat today – \$11.00 (\$4.00 savings)

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 in against all of these parasites.

- Please check my pet's fecal sample for parasites – \$10.00

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.

- Please microchip my pet today – \$30.00

ADDITIONAL / MISC. SERVICES:

- Nail Trim** – Please have my pet's nails trimmed today (\$8.00)
- Ear Cleaning** – Please clean my pet's ears today (\$5.00)
- Basic Deworm** – Dewormer, price varies depending on type of worm (\$3.00-\$12.00)

I understand that if my pet shows signs of flea/tick infestation upon exam that they will be treated at an additional charge. Additionally, if my pet shows ear mite infestation, it will automatically be treated at an additional charge.

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: _____

Breed: _____ Color: _____ Age: _____

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	Anesthetic	Post-Op
Mor./Ace _____	Ket./Val. _____	Ace _____
Torb./Ace _____	TKX _____	Yohimbine _____
Atrpine _____	TTD _____	Antisedan _____
Other _____	Other _____	Other _____

Comments: _____

SURGERY REPORT

Routine Feline OVH Routine Feline Castration In Heat Pregnant Crypt Obese

Suture Material: **4/0 Pedicles Linea** **Sub Q** **Subcuticular**
 3/0 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: _____

DONE

MICROCHIPPING

DONE

NAIL TRIM

DONE

EARS CLEANED

DONE

FLEA/TICK PREVENTATIVE APPLIED:

Frontline Plus Revolution

Comments: _____

ATTENDING VET NAME: _____ DATE: _____

MEDICAL HISTORY

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: _____ Depression: _____

Loss of Balance: _____ Vomiting: _____ Diarrhea: _____ Sneezing: _____ Nasal Discharge: _____

Limping: _____ 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

CLINIC NOTES:

RECHECK INCISION:

PATIENT NAME: _____

SURGERY DATE: _____

TODAY'S DATE: _____

NOTES:
