



WEST BRANCH VETERINARY SERVICES
FELINE CONSENT FORM

OWNER [redacted] PET [redacted]

PROCEDURE [redacted] YOUR PHONE # TODAY [redacted]

We strongly recommend Feline Leukemia testing before surgery to determine if your cat is already carrying the virus. If so, the stress of surgery could cause sickness. We also recommend that all cats be vaccinated for Distemper viruses (RCPP), Leukemia, and Rabies.

Test my cat for FELV/FIV (43) YES NO Check a stool sample (24) YES NO Deworm YES NO

Is a dental being done? YES NO

Vaccines due: RCPPFLV (rcpp/flv combo \$57 [redacted] RABIES(\$32)or in combination w/ rcpp/flv (\$67 total) [redacted]

Vaccinate my cat for: [redacted]

We do offer microchipping of any pet going under anesthetic. Microchips are tiny chips that are injected under a pet's skin. If a pet gets lost or is taken the pet can be identified by scanning for the microchip. The cost for this microchipping is \$48.00 plus your fees for registration (CURRENTLY 17.99). I approve [redacted] I declined [redacted]

If your pet is in heat or pregnant there may be an additional charge up to \$45.00 due to increased complications during surgery and by initialing this you understand this and agree to the possibility of additional charges.

Bloodwork is optional but recommended. The bloodwork checks to see how the body will handle anesthetic, ie. kidney/liver problems, etc.

*Please note that all of our surgeries are provided with heated waterbeds and a pulse oximeter to monitor respirations, heart rate and blood oxygen levels.

ALL PETS 7 YEARS AND OLDER ARE REQUIRED BY WBVS TO HAVE BLOOD WORK CHECKED IN THE LAST 6 MONTHS BEFORE THEY GO UNDER ANESTHETIC. BLOOD WORK IS NOT OPTIONAL FOR THESE PETS.

Cats 6 years and younger \$37.00 CREA, ALT, PCV
Geriatric (7 years and older-MANDATORY) \$50.50 BUN, ALT, ALKP, TP, GLU, CREA, PCV, ALB, GLOB
Total Profile \$106.00 17 BLOOD CHEMISTRIES & CBC

I approve [redacted] I decline [redacted] appropriate preanesthetic blood testing.

IV fluid therapy is mandatory for all pets going under anesthetic. IV fluids are automatically included in all of our routine procedures and will be done on all non-routine procedures going under anesthetic. please note subq (under skin) fluids may be done if proper IV can not be established. Please note: based on bloodwork results or age of pet- one of our doctors may recommend IV fluids be started before treatment/procedure and continued throughout the day, in these cases a treatment of IV fluids-extended would be done at \$48.00)

Onsior for cats less than 5.5#, longer than 6 days and under 6 months of age is "extra label" use. West Branch Veterinary Services' doctors are continuing to use this product as an "extra label" use drug for treatment of pain in cats. By initialing you understand this and have asked our doctors any questions you may have.

FOR DENTALS ONLY! Pain Management therapy- PAIN MEDICATION IS MANDATORY FOR ROUTINE SURGERIES AND WILL BE DISPENSED AT VETERINARIAN'S DISCRETION FOR ALL OTHER SURGERIES/TREATMENTS/PROCEDURES.

I approve [redacted] I decline [redacted] pain management (\$16 total charge)

I understand that if my pet is having a dental procedure done that he/she may have extractions. [redacted]

*If you have any further questions or concerns regarding cost of services provided a member of our staff will be glad to talk to you or prepare an estimate for the surgery, vaccinations or lab procedures.

*I hereby authorize West Branch Veterinary Services to perform the above procedures.

*In addition, I agree to any additional diagnostic, treatment, and surgical procedures to be performed as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Please be aware this may include dental extractions.

*Please be assured that advances in anesthesia and surgery have made procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine examination.

These complications may include death.

**I have read and understand the above statements.

PLEASE BE SURE ALL HIGHLIGHTED AREAS ARE FILLED OUT PROPERLY BEFORE SIGNING!

OWNER/AGENT [redacted] DATE [redacted]

PLEASE ASK IF YOU HAVE ANY QUESTIONS CONCERNING YOUR TOTAL BILL AND WE CAN GIVE YOU AN ESTIMATE FOR THE PROCEDURE/TREATMENT, a minimum of a 50% deposit is expected on ALL non-routine procedures or hospitalizations