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# MIDVALE VETERINARY CLINIC

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PO Box 70 - 70 E. Main St. Nelliston, NY 13410 (518)993-2200

## Feline Anesthesia/Surgery/Treatment Consent Form

Date of Surgery: \_\_\_\_\_ Surgical Procedure Scheduled \_\_\_\_\_

Owners Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City&Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Pet's Age: \_\_\_\_\_ Circle One **M / F** Markings/Color: \_\_\_\_\_

Best phone number where you may be reached today: \_\_\_\_\_

Time of Last Meal: \_\_\_\_\_ Date of Last Vaccinations: FVRCP: \_\_\_\_\_ Leukemia: \_\_\_\_\_ Rabies: \_\_\_\_\_

**Pet's that are overdue for rabies are required to be updated while here for surgery.**

To lessen risk of surgery for your cat, the FELV/FIV Test is highly recommended for all cats not currently vaccinated for the Feline Leukemia virus. **Check Box if you would like this test run** ☐

-Has your pet been MicroChipped? \_\_\_\_\_ If not, would you like it to be MicroChipped? \_\_\_\_\_

-Would you like a spay tattoo? (This is ideal for barn/stray/feral/outdoor cats) \_\_\_\_\_

-Has your pet had any recent medical issues or any current signs of illness? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list any behavioral concerns (biting, timidness, needs special handling, etc.) \_\_\_\_\_

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### Authorization

I verify I am the owner/authorized agent of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the Veterinarian, and understand that the clinic personnel will be employed in the procedure(s) as directed by the Veterinarian.

I have discussed the procedure(s) to be performed and the risks involved. I understand that there is always a risk associated with any anesthesia, even in apparently healthy animals. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges insures while my pet is in the care of this clinic and understand payment is due at the time my pet is released from the clinic. I understand that no overnight facilities are available for pets and I understand that pets needing special care may be referred to a 24 hour hospital.

**I understand that participating in this clinic does not make me a client of Midvale Veterinary Clinic.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_