



## FELINE PROCEDURE CONSENT FORM

**CLIENT ID:**

**PATIENT ID:**

**CLIENT NAME:**

**NAME:**

**ADDRESS:**

**MICROCHIP:**

**TELEPHONE:**

**BREED/SEX/COLOR/AGE**

I, the undersigned, do hereby certify that I am the owner or the duly authorized representative of the owner and above 18 years of age, of the animal described above. I understand that there are always potential risks, including death associated with anesthesia, medical treatments, and surgery. I do hereby give the doctors of HealthPointe Veterinary Clinic, their staff and representatives full and complete authority to perform upon the animal described above, the following procedures:

<input type="checkbox"/> Physical Examination	<input type="checkbox"/> Vaccinations	<input type="checkbox"/> Bloodwork
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Fluid Therapy	<input type="checkbox"/> Antibiotics
<input type="checkbox"/> Gastrointestinal protectants	<input type="checkbox"/> Radiographs	<input type="checkbox"/> Pain Medications
<input type="checkbox"/> Surgery	<input type="checkbox"/> Wound Treatment	<input type="checkbox"/> Sedation/Anesthesia
<input type="checkbox"/> Other	<input type="checkbox"/> Laceration Repair	

Please answer the following questions:

- Yes/No      Heartworm Preventative: Are you administering monthly?
- Yes/No      Flea Control/Tick Control: Are you applying monthly
- Yes/No      Annual Senior Bloodwork: Highly recommended if your pet is over 8 years of age.
- Yes/No/Already      Do you want your pet microchipped today?
- Yes/No      Bath: Do you want your pet bathed today?
- Yes/No      Nail Trim: Do you want your pet's nails trimmed today?
- Yes/No      Aggressive: Has your pet ever been overly aggressive toward people or pets?

I understand that during the performance of these procedures, unforeseen conditions may be revealed that necessitate an extension to or variance from the procedures set forth above. I expect the doctors, staff and representatives of HealthPointe Veterinary Clinic to use reasonable care and judgement in the performance of these procedures. I realize that results cannot be guaranteed. I am also aware that unforeseen events resulting from these procedures will not relieve me of any financial obligation incurred regarding this pet.

ALL CATS MUST BE CURRENT ON RABIES AND FVRCP VACCINATIONS, given by a licensed veterinarian, and be free of external parasites. Documentation that the vaccinations are current is the responsibility of the owner. Any animal not current will be vaccinated at the owner's expense. ANY ANIMAL HAVING EXTENRAL PARASITES (fleas, ticks or mites) will be treated at the owner's expense.

Signature of Owner or responsibility party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Reviewed by (staff) \_\_\_\_\_