Laurel Highlands Animal Health 876 Stoystown Road, Somerset PA 15501

814-445-8971

**Feline Spay Surgery Day**

Owner's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*A staff member must be able to contact you with questions if concerns arise while your pet is here.\*\*

Pet's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Female

Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select Procedures Needed:** \*\*Please circle either Accept or Decline for all service offered below\*\*

**\*\*Spay + Rabies Vacc ($70) Accept / Decline**  **\*\*Additional Vaccines: FVRCP ($14) Accept / Decline**

**\*\*Feleuk/FIV Test ($38): Accept / Decline \*\*Feleuk Only Test ($26): Accept / Decline**

**\*\*Feline Health Panel ($65): Accept / Decline**

**\*\*Frontline Gold Flea Treatment + Capstar Treatment ($20): Accept / Decline**

***\*\*\*IF CAT HAS PREVIOUS RABIES VACCINE PLEASE BRING ALONG VACCINE CERTIFICATE\*\*\****

\*\*All bloodwork will be done while patients are under anesthesia due to time restraints and/or patient noncompliance.\*\* Testing can identify many pre-existing conditions that may pose a significant health risk to your pet. These conditions include liver/kidney problems etc. or systemic diseases such as diabetes or cancer. Testing may also determine if your pet has a clotting abnormality that could cause a problem during surgery. These tests will ensure that your pet does not have additional risk factors that could complicate anesthesia and surgery. This does not guarantee that problems will not occur. **Even with bloodwork, there is always a risk with anesthesia and/or general surgery.**

**Authorization and Risk Assessment**

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand some risks exist with any anesthesia and/or surgery and I am encouraged to discuss any concerns associated with these risks with a veterinarian before the procedure(s) are started. My signature on this consent form indicates that any questions have been answered to my satisfaction.

 I am electing to have my animal operated upon without any prior physical examination, common immunizations, or parasite screening. I have been informed that annual exams, vaccinations, and parasite screenings are important to my animal's overall health and well-being. I understand that without these recommended wellness procedures, my pet is at increased risk while undergoing anesthesia and surgery. I also realize that my pet may be exposed to highly contagious viral, bacterial, and/or parasitic diseases that can be fatal. I elect to have surgery performed on my pet regardless of the increased risk and understand that LHAH is not responsible for any illness or fatality that may result. I understand that a Rabies vaccination is required by law and my pet will be vaccinated against Rabies virus (unless I provided proof of an up-to-date vaccine). I know that this practice is for safety of all persons and other animals that come into contact with my pet.

 I authorize Laurel Highlands Animal Health to perform any additional diagnostics, treatments, or surgical procedure(s) deemed necessary for medical or surgical complications for any unforseen circumstances. While Laurel Highlands Animal Health provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold the veterinarians or any team member liable for any complications that may arise.

 \*\*If the above animal is not picked up from Laurel Highlands Animal Health within 5 days from the specified date of discharge, the animal will be disposed of in a fit and proper manner.

 **I hereby guarantee payment of all charges incurred from the date of admission until discharged. I understand that responsibility for professional fees, including fees for medicines and x-rays, continues in the event of failure of the patient to recover from the proposed operation or procedure.**

**Signature of OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**