TENDER CARE ANIMAL HOSPITAL, LLC CAT NEUTER DAY

**I hereby authorize Tender Care Animal Hospital, LLC to anesthetize and castrate my feral/stray/barn male cat(s). I understand that my cat(s) will not receive a physical exam and there are risks involved with any surgical procedure including death and agree to hold Tender Care Animal Hospital, LLC and their agents harmless for any complications this cat(s) may have. Your cat will be partially anesthetized when it goes home. Please don’t leave him unattended until he is fully alert, which may take several hours. I have also received the discharge instructions for post surgical care.**

A pre-anesthetic blood panel can detect many conditions that can cause prolonged recovery, even death. The cost is $60.00

 **Yes-** I want my pet to have the pre-anesthetic blood screen. (**#4361)**

 **No-** I am declining the blood work and assume full responsibility for my pet.

***Computer Code*** Please check the box(s) of the procedures that you would like done.

*3156* **Castration $25.00** per cat

*1141* **Rabies 1 year $15.00**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_**

(Over)

**Pet name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Color/Markings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age (approximate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Waiting in Lobby Waiting in Vehicle**

**\*\***Please plan to wait either in your vehicle or our lobby until your cat is done with the procedure. Please read the discharge instructions while you are waiting to make sure that you can ask any questions you may have before leaving. \*\*

(For Office Use Only)

Anesthesia Neuter Vacc’s

Dexdomitor \_\_\_\_\_\_\_\_ Antisedan\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_

Butorp \_\_\_\_\_\_\_\_\_

 FVRCP-FeLV \_\_\_\_\_

Ketaset\_\_\_\_\_\_\_\_\_

Time\_\_\_\_\_\_\_\_\_\_

**A note for Cat Neuter Day:**

**Please note that because we are offering the neuter clinic under special circumstances, you will be liable for any charges that accumulate if complications occur. Normally our clinic requires a pre-surgical exam and pre-surgical bloodwork to rule out any medical problems prior to surgery. By signing the consent form today, you agree that you understand the risks and complications of surgery when precautions are not taken. These include: bleeding, infection, death or sickness due to kidney or liver dysfunction, heart problems and more. Any of these may lead to slow recovery or death if undetected by prior screening. Please keep in mind, because you took this risk, Tender Care Animal Hospital, LLC and its employees are not liable for any problems or costs involved with surgical or health related complications from today's visit or prior problems. If any problems are detected and you wish to have them treated, you will be financially responsible for them. If any further medication or treatment is needed because of pre-existing conditions not known because of your decline of physical examination and bloodwork, you will be financially responsible for any of the recheck exams, medications, emergency fees, or any other item or service that may be needed.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**