



Andover Animal Hospital , Inc
 233 Lowell Street, Andover, Massachusetts 01810
 (978) 475-3600

Feline Surgical Sedation Consent

Client Name _____

Patient: _____

Client ID #: _____

Procedure(s): _____ Date: _____

Sedated Procedures:

For procedures that may be uncomfortable or painful for your pet, we use a combination of a strong, reversible sedative and an opiate pain medication. These procedures may include some x-rays, laceration repairs, splint changes, or other procedures at the doctor's discretion. Your pet may also receive a reversal medication to help them recover more quickly from the sedation.

Blood Screening

_____ I understand that my pet will be having blood drawn for disease screening at the doctor's discretion based on age.

Blood work already completed on this date: _____

Inhalent Anesthesia Use

_____ Occasionally, injectable sedation cannot be used in difficult to handle cats. I authorize the use of general anesthetic chamber induction if my cat is not tolerating the sedative injection.

_____ I wish to be called before the use of general anesthetic chamber induction if my cat is not tolerating the sedative injection. I understand that if I cannot be reached by phone, my pet's procedure may not be completed.

Emergency Treatment

_____ I hereby authorize treatment up to and including chest compressions, medications, and artificial respiration in the case of an unforeseen emergency. I understand that these interventions can be costly and outcome is not guaranteed. If the hospital staff is unable to reach me, and the doctors' medical judgment determines that there is no hope for success, I understand the staff will discontinue resuscitation.

_____ Do Not Resuscitate my pet (DNR). I wish to be notified prior to treatment of an unforeseen emergency. I understand that the delay in treatment could result in serious complications, including death.

Vaccinations:

All animals **must** be up to date with **required** vaccines to board in our facility. Any needed vaccines administered will **require** an exam for the additional cost of \$69.

Any exam, vaccinations and/or testing required for boarding **will** be done and charged to your account without prior documentation.

Please mark the needed vaccines and procedures. (Ask a staff member if any questions)

| | |
|--|--|
| <input type="checkbox"/> Wellness Exam \$69 | <input type="checkbox"/> Fecal Sample \$44 |
| <input type="checkbox"/> Feline Distemper (FVRCP) \$32 (Exam Required) | <input type="checkbox"/> Feline Leukemia/FIV Test \$88 |
| <input type="checkbox"/> Rabies \$24 (Exam Required) | <input type="checkbox"/> Feline Wellness Screen \$150 |
| <input type="checkbox"/> Feline Leukemia (FELV) \$33 | <input type="checkbox"/> |

We will be vaccinating your pet while he/she is here as indicated above. We want to inform you there is a possibility your pet may experience lethargy and a mild fever for 24-48 hours. This is a typical response. Adverse reactions include severe vomiting or diarrhea, difficulty breathing, hives and/or swollen face. Reactions usually occur within 30-60 minutes from vaccination but can occur up to 24 hours later. If your pet has a reaction, we will contact you immediately.

Please initial you have read the above paragraph _____

*I hereby give my consent and authorize the use of **sedation** for my pet. I understand that there are possible reactions, allergies, and other sensitivities that may result in complications, including death. These reactions are rare, but still occur in a small percentage of patients.

I understand that my pet is not supervised overnight.

Signature: _____ Text Message Number: _____

Emergency Contact Number: _____ E-Mail Address: _____

Date: _____ Employee Initials: _____