

**For Cats Only Veterinary Clinic, LLC**  
**Anesthesia and Surgical Procedures Authorization Form**

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Emergency contact number \_\_\_\_\_  
Procedure(s) authorized to be performed: \_\_\_\_\_

**Please read carefully and sign below:**

1. Is your cat current on Rabies vaccination?  **YES**  **NO**  
Is your cat current on FVRCP vaccination?  **YES**  **NO**  
If not, will today be its first FVRCP vaccination?  **YES**  **NO**  
If your cat is not current on vaccines, they will be updated during this visit.
  
2. Has your cat been tested for feline leukemia and FIV?  **YES**  **NO**  
If not, we strongly recommend this test be performed.  
I  **ACCEPT**  **DECLINE** this test (\$46.00).
  
3. If your cat goes outdoors, we strongly recommend feline leukemia vaccinations.  
Would you like us to give this vaccine at this visit?  **YES**  **NO**
  
4. Before anesthesia, your cat will be given a complete physical exam. If parasites are found during this exam, your cat will be treated for the parasites at your expense.
  
5. We recommend\* a pre-anesthetic blood screen to ensure that your cat is in a low-risk category for anesthesia.  
  
I  **ACCEPT**  **DECLINE** a pre-anesthetic blood screen (\$84.00)\*  
  
I  **ACCEPT**  **DECLINE** an EKG screen (\$45.00)  
**(\*The pre-anesthetic blood screen is required for cats 6 years and older.)**
  
6. Can we give your cat a courtesy nail trim?  **YES**  **NO**

I, the undersigned owner or agent of the owner of the pet identified above, authorize Dr. Renee L. Ziegler-Post and staff at For Cats Only Veterinary Clinic, LLC to perform the above procedure(s). I understand that some risks always exist with anesthesia and surgical procedures and that I have been encouraged to discuss any concerns I have about those risks with Dr. Ziegler-Post before the procedure(s) is/are initiated. My signature on this form indicates that all my questions have been answered to my satisfaction, and I accept the risks involved with the procedure(s).

While I acknowledge that all procedures will be performed to the best of the abilities of the staff at this clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved, and I release For Cats Only Veterinary Clinic, LLC and its veterinarians from any professional liability related to the outcome. I also understand that unforeseen conditions may arise during the course of the procedure(s) which may necessitate the performance of additional procedures at additional cost. I agree to assume financial responsibility and provide payment at the time services are rendered.

Signature of Owner or Authorized Agent \_\_\_\_\_  
Print name: \_\_\_\_\_