

**SURGERY/ANESTHESIA AUTHORIZATION**  
K.C. Cat Clinic, 7107 Main Street, Kansas City, MO 64114  
(816) 361-4888  
[www.kccatclinic.com](http://www.kccatclinic.com)

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Today's Phone \_\_\_\_\_

Please be available while your cat is here so we can call to discuss care issues if needed.

*If you are going to be taking your cat home today, please remember that we close at 7 PM on Monday and Tuesday, 6:00 PM on Wednesday – Friday.*

**Please mark or initial all items with an \*\*\***

\*\*\*Your pet is here for the following procedure(s): PLEASE CIRCLE CHOICE(S) BELOW

Dental Spay/Neuter Home Again Microchip Other \_\_\_\_\_

\*\*\*We want to make it very clear that if during the dental cleaning a tooth is found to be compromised to the point that it cannot be saved and is likely to cause pain, we will need to extract it. (Initial) \_\_\_\_\_

\*\*\*During any procedure there may be an I.V. catheter placed. If so, you may notice that we have shaved a small patch of hair on the front legs. (Initial) \_\_\_\_\_

\*\*\* Ears and anal glands are frequently a source of discomfort for our cats and it is difficult to check them as thoroughly when they are awake as it is uncomfortable if done then.

Would you like us to check both ears and anal glands for a \$6.00 fee? Please circle one: Yes No  
If a problem is found, would you like us to administer treatment? Please circle one: YES NO

\*\*\*While your kitty is here, if we find evidence of fleas on your cat, please be advised that we will apply the appropriate dose of Revolution topical solution and that there is a charge for this treatment. (Initial) \_\_\_\_\_

\*\*\*If we are able to give you a choice in medication, what do you prefer?

\*\*\* (Please circle the appropriate choice)

Convenia—long acting antibiotic injection (subject to doctor's recommendation)

Liquid      Tablets      Chews

**PREANESTHETIC SCREENING**

In order to evaluate your cat's basic physiologic condition, we will be testing the morning of the procedure, prior to anesthesia. These screenings will help us know if we need to take extra precautions with your cat during the procedure, or it may indicate that we need to avoid a procedure altogether until a discovered problem can be corrected.

Different tests are recommended for different ages. The older the kitty, the more extensive the testing.

Normal cats that are 6 years and younger, and some of our "pre-senior" (6-8 years) kitties can have testing done the day of the procedure. Older cats will need blood drawn and a urinalysis performed at least one day before the procedure.

Please sign on reverse side.....

## THE INEVITABLE RELEASE

I am the owner of the cat described above. I authorize the KC Cat Clinic to perform such diagnostic, therapeutic, anesthetic and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well being. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. In the event that my animal should, for some unforeseen reason, injure itself, escape, fail to eat, or become ill, I will not hold the KC Cat Clinic or its employees responsible. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care. I also authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary to the well being of my pet. My signature indicates that I have read and agree to the information in this handout.

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

\*\*\*Date\_\_\_\_\_

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