

South County Animal Hospital

FELINE PRESURGICAL INFORMATION AND QUESTIONNAIRE

Has your pet been fed since 10:00 p.m. last night? Yes _____ No _____

Has your pet been vaccinated for rabies within the past year? If not, hospital policy requires that we vaccinate your pet. If yes, hospital policy requires veterinary tag or certificate. Yes _____ No _____

You can save on the following procedures if you have them completed at time of surgery:

Pre-anesthetic Blood Profile - \$55.00. This will provide us with valuable information about your pet before we do anesthesia. **THIS IS REQUIRED FOR PATIENTS OVER 7 YEARS OF AGE BUT HIGHLY RECOMMENDED FOR ANY AGE. Only by checking NO will this testing not be performed.** No _____

Dental cleaning, polishing, and preventative – approx. \$100.00 Yes _____ No _____

Full Yearly Vaccinations – FVRCP, FELV, Rabies and fecal - \$82.00 (\$10 savings) Yes _____ No _____

FELV/FIV Test - \$39.75 Yes _____ No _____

Pain Medication sent home after surgery - \$??? **WE RECOMMEND** Yes _____ No _____

Toenail Trim and Anal Glands Expressed - \$8.00/each Yes _____ No _____

Please Note: If your pet has fleas and/or ticks, hospital policy requires treatment. Approximate cost will be \$16.00 (plus tax).

Surgical and Hospital Authorization

I hereby consent and authorize South County Animal Hospital to receive, prescribe for, treat, or operate upon my animal(s). You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatsoever, or any circumstances, on account of the care, treatment, or safekeeping of the animal(s) named below, or otherwise in connection therewith, as it is thoroughly understood that I assume all risk. Financial responsibility for services rendered is due at time of discharge. I also understand that South County Animal Hospital is not staffed twenty-four (24) hours a day and after hour treatment of patient is at the discretion of the veterinarian.

Pet Name(s) _____ Signature: _____

Please choose your preferred contact method: Email (please provide address): _____

Text: _____ Phone: _____ Date: _____