



# Feline Pre-Anesthetic Laboratory Testing Recommendations

\_\_\_\_\_  
Client

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

## PLEASE READ CAREFULLY AND SIGN

Your cat is scheduled for anesthesia. We recommend a pre-anesthetic blood profile to ensure your cat is in a low-risk category. State-of-the-art technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests resemble those your physician would run before you underwent anesthesia. In addition, these test results will serve as reference values should your cat become ill in the future.

### **Felv/ FIV Test - \$47**

This screening test should be done on stray, sick, and new cats. This test will screen for Feline Leukemia (Felv) and Feline Immunodeficiency Virus (FIV). Both virus's affect the body's ability to fight infection, can shorten their lifespan, and can be spread to other cats in your household.

Yes

No

### **CHEM PANEL with CBC - \$111**

***THIS PANEL COMBINATION IS REQUIRED FOR CATS AT 8 YEARS OF AGE OR OLDER, TO INCREASE THE SAFETY OF OUR SENIOR SURGICAL PATIENTS.***

Blood tests help us to determine whether or not your pet can properly process and then eliminate the anesthetic that is administered. Sometimes, even an apparently healthy cat can harbor hidden health conditions that can put them at risk while under anesthesia.

Our *Chemistry Panel* will check the following:

BUN (kidney)	ALKP (liver)	Glucose (sugar)	Total Protein (hydration)
Creatinine (kidney)	ALT (liver)	Electrolytes	Calcium (certain cancers)
Phosphorus (kidney)	Globulin (liver)	ALB (protein)	Amylase (pancreas)
	Bilirubin(liver)		

Our *CBC* (Complete Blood Count) will assess anemia, cancer, infections, and clotting.

Cats Age \_\_\_\_\_/Required

Yes

No

### **FECAL EXAM - \$17**

It is important to have a Fecal Exam done annually to check your cat for intestinal parasites. Cats and kittens do not always show signs of having intestinal parasites and parasites cannot be seen by the human eye. Most kittens are exposed to parasites from their mother and all adult cats are at risk for picking up parasites while hunting or from other pets. Most importantly, these parasites can be transmitted to people, especially children, the elderly or anyone with a compromised immune system.

Yes

No

I understand that I am authorizing the above elective treatments and there will be an additional charge for which I will assume full financial responsibility. I understand there is always a potential risk for anesthesia and surgery.

\_\_\_\_\_  
SIGNATURE OF OWNER

**CALEDONIA VETERINARY CLINIC  
HOSPITALIZATION CONSENT FORM**

\* (PLEASE READ AND SIGN) \*

**PET'S NAME** \_\_\_\_\_

**DESCRIPTION** \_\_\_\_\_

**PROCEDURE** \_\_\_\_\_

**\*\* DATE AND TIME MY PET LAST RECEIVED FOOD / WATER** \_\_\_\_\_

I certify that I own or have assumed financial responsibility for the above-described animal. I do hereby consent and authorize the Caledonia Veterinary Clinic and its staff to hospitalize this animal, to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatment that the doctors deem necessary for the health, safety, or well being of this animal while it is under their care and supervision.

If this animal should injure itself in an attempt to escape, refuse food, soil itself, become ill or die while in the hospital, I will hold the Caledonia Veterinary Clinic, free of any responsibility and /or liability in the absence of gross negligence.

***By signing this consent form I understand that I am giving Caledonia Veterinary Clinic permission to sedate or anesthetized if deemed necessary by the veterinarian.***

*I have been advised as to the nature of the procedures or operations and the risks involved. I understand that results cannot be guaranteed.*

**I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged.** If I am unable to pay for the above procedures and treatments in full at time of discharge, Caledonia Veterinary Clinic is permitted to hold my animal until full payment is made. I am responsible for any and all charges incurred as a result of Caledonia Veterinary Clinic holding my animal as a result of non-payment. If I neglect to pick up the animal within five (5) days of written notice mailed by registered letter to me, Caledonia Veterinary Clinic may assume that the pet is abandoned. Caledonia Veterinary Clinic is then authorized to dispose of it as they see fit. Abandonment does not release me of my obligation to pay for all charges incurred while this pet is a patient.

*A finance charge is applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.50% per month, which is 18% annually. There is a minimum \$3.00 billing charge.*

*I have read and understand this authorization and consent agreement. I also understand that I am responsible for all charges incurred while my pet is a patient at Caledonia Veterinary Clinic.*

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHONE NUMBERS THAT I CAN BE REACHED AT TODAY: 1<sup>st</sup> number:** \_\_\_\_\_

**2<sup>nd</sup> number:** \_\_\_\_\_

***A DEPOSIT OF \$100.00 IS REQUIRED ON ANY NON-ROUTINE DROP OFFS. THANK YOU!***

Discharge Acknowledgement

***\*\*Sign at time of discharge\*\****

I have received the discharge instructions for my pet. I understand and will follow the instructions given to me by Caledonia Veterinary Clinic. If I fail to follow the directions given to me, any additional medical expenses incurred will be my responsibility. If any complications arise, I will notify the Caledonia Veterinary Clinic promptly.

\_\_\_\_\_  
**Owners Initials / Date**