

**Spring Hill Animal Clinic**

4610 Springhill Ave

Mobile, AL 36608

Office: (251) 343-5033 Fax: (251) 343-5034

**OFFICE USE ONLY**

Weight: \_\_\_\_\_

DATE: \_\_\_\_\_

**CLIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Driver's License # \_\_\_\_\_

BEST Phone Number for you to be called or texted: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PET INFORMATION (CAT)**

Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: M F

The following are services we offer for the health of your cat. Please **INITIAL** any service that you would like us to do for your cat today while your cat is in our care. Failure to indicate will result in services NOT being performed. All services listed are IN ADDITION to any surgical fees.

**Cold Laser Therapy**—Cold Laser Therapy reduces pain, reduces inflammation, and speeds healing. The cost is **\$5 for spay, and \$27 for all other surgical procedures. (ONLY FOR FEMALES)**

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

**Feline Leukemia/FIV Test** - Feline leukemia and Feline Immunodeficiency Virus are both contagious, viral diseases that increase the anesthetic risk and can be potentially fatal to your cat. The cost for this procedure is **\$44.00**.

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

**Intestinal Parasite Exam** - Intestinal parasites (worms) are harmful to your pet. They can cause vomiting, diarrhea, anemia, and intestinal obstruction. Sedation can increase these symptoms or cause them to start if your pet has parasites but has not shown any symptoms. The cost to check for intestinal parasites is **\$21.00**.

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

**Post-Operative Pain Medication** - Provides up to 4 additional days of pain relief and/or anti-inflammatory management for your cat after surgery. The cost is between **\$17.82-\$47.98**, depending on the medication(s). Please ask your receptionist at check-in for additional information on the different post-operative pain medications.

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

**Anti-Nausea/Pain Injection** – Nausea and pain can be post-surgical side effects for cats. Cerenia, an anti-nausea and interoperative pain control injection, can help alleviate these side effects and make recovery from surgery easier for your pet. The cost for this injection is **\$32.30**.

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

**Vaccinations/Other**

\_\_\_ 1 year Rabies Vaccination (12 weeks and older).....\$23.50

\_\_\_ Respiratory Disease Vaccination (6 weeks and older)...\$23.50

\_\_\_ Leukemia Vaccination (10 weeks and older).....\$27.00

\_\_\_ Microchip Placement.....\$35.00

\_\_\_ Nail Trim.....\$13.00

\_\_\_ Capstar (24hr flea pill).....\$6.00

Other services (ear tip for feral cats, ear cleaning, anal gland expression, etc) available upon request.

## ANESTHESIA RELEASE FORM

PET NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

The following are recommendations from the veterinarian that help make your pet's anesthesia and surgical procedure as safe as possible. Please initial/indicate below if you would like us to perform these procedures while your pet is in our care. Failure to indicate will result in these services NOT being performed. These procedure costs are IN ADDITION to the surgery procedure cost. All services listed are IN ADDITION to any surgical fees.

**PRESURGICAL BLOODWORK:** We recommend testing your pet's kidney (BUN/Creatinine), Liver function (ALT, ALP), blood glucose level, total protein, and a CBC (complete blood count) prior to undergoing anesthesia. If there are any abnormalities, you will be contacted prior to surgery. If you cannot be reached, sedation and surgery will be performed at the doctor's discretion. The cost for this service is **\$103.50**.

ACCEPT BLOODWORK \_\_\_\_\_

DECLINE BLOODWORK: \_\_\_\_\_

**IV CATHETER PLACEMENT AND FLUIDS:** We recommend an IV catheter placement and intra-operative fluids while your pet is undergoing anesthesia. These fluids help maintain your pet's blood pressure during the surgery and can help pets have a smoother recovery after surgery. The IV catheter also allows us venous access for emergency medications if a problem were to occur. The cost for this service is **\$26.50**. **This is REQUIRED for any procedure(s) other than spay/neuter and if you elect CPR.**

ACCEPT IV/FLUIDS \_\_\_\_\_

DECLINE IV/FLUIDS: \_\_\_\_\_

Please list any **health problems** that your pet has currently or has had in the past. Also list any **medications** that your pet is currently taking (including monthly heartworm and/or flea medication). \_\_\_\_\_

### Anesthesia/Sedation Authorization

I understand that my pet is undergoing general anesthesia for the following procedure: \_\_\_\_\_. I understand that there is an inherent risk with anesthesia. A mild to severe reaction can occur with sedation and anesthesia, including death. If a reaction to anesthesia occurs, I will not hold Spring Hill Animal Clinic responsible. ***If my pet is getting spayed or neutered today, I understand that my pet will receive an alteration tattoo. I also understand that if my pet is pregnant, this procedure will terminate that pregnancy and result in additional cost.*** By signing below, I have read and agree to the above statements.

\_\_\_\_ If unexpected complications arise and it is needed, I **WANT CPR** to be performed in an attempt to save the life of my pet. I understand that **CPR is an attempt to resuscitate my pet after he/she has arrested. CPR ranges from \$75-100. I agree to pay charges in full when my pet is dismissed from the hospital.** In the event this occurs, the veterinarian will contact the owner/authorized agent as soon as they are able. Charges only apply if CPR is performed. **If CPR is elected, an IV catheter will be required.**

\_\_\_\_ If unexpected complications arise and it is needed, I **DO NOT want CPR** performed in an attempt to save the life of my pet. I understand that not performing CPR and not allowing the veterinarian to administer emergency medications can result in the death of my pet. There is no cost associated with not performing CPR.

\_\_\_\_\_  
**Signature of Owner/Authorized Agent**

I understand that if my pet has FLEAS, my pet will be treated with a CAPSTAR at my expense.  
(\$6.00) \_\_\_\_\_ (owner must initial)

Office Use:

Ck in by: \_\_\_\_\_

Vax: \_\_\_\_\_

CC: \_\_\_\_\_