



SURGERY FORMS – FELINE

Cage # _____

Please fill out grey shaded areas only

Owner _____ Date _____

Address _____

City, State, Zip _____

Home # _____ Work # _____ Cell/Pager# _____

Pet _____ D.O.B. _____ Breed/Color _____ Sex: M / F

Behavior: Tame _____ Feral (wild) _____ Housing: Inside only _____ Outside only _____ Both _____

How long have you seen/ fed cat? _____ Stray? Yes ___ No ___ ever in heat? _____ had kittens? _____

DATE OF LAST VACCINATIONS? Please circle- Never vaccinated/ Vaccination history not known

If previously vaccinated please indicate dates:

RABIES (required by state law) _____ Exp. Date _____ # _____

If expired or lack of documentation, the Rabies vaccine will be given today. A \$10 fee will be charged.

FVRCP (Distemper) _____ Under 1 year old: 1st distemper _____ 2nd _____ 3rd _____

Feline Leukemia / FIV Test _____ **FeLV** (Feline Leukemia) vaccination: 1st _____ 2nd _____

Seeing worms? Yes/No _____ **Ever received worming meds?** Yes/ No Name/date of med _____

FLEAS-If any evidence of fleas is found on your pet, a flea medication will be applied at your expense.

***ALLERGIES ?** to vaccines: Yes/No _____ medications: Yes/No _____

***Current health problems:** Yes/ No _____

***Past health problems:** Yes/ No _____

*** Has pet had anything to eat or drink after 12:00 am ? Yes/ No**

I am the owner/ agent of the above named animal. I have the authority to execute this consent.

I hereby authorize the Pet Partners authorized veterinarian to perform the following procedures on the above named animal and to use the appropriate anesthetics and medications :

Spay/ Neuter (reproductive sterilization) _____

Other surgery/procedure/biopsy _____

I also authorize the Pet Partners authorized veterinarian to perform extensions of the above surgery or procedures or give any appropriate medications in the event of unforeseen conditions that may be revealed or occur.

I also authorize the tests, vaccinations, medications and pregnancy choices selected on the attached sheet.

I understand that there is inherent risk involved with any anesthetic or surgical procedure or the administration of a vaccination or medication. I realize that the results cannot be guaranteed.

I hereby, for myself, my heirs, executors and administrators, release and discharge Pet Partners, its employees, Board of Directors, volunteers, and all persons associated herewith for all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to the above described procedure.

SIGNATURE OF OWNER/ AGENT _____ **DATE** _____

Interview: phone _____ in person _____ Name if other than owner _____ Witness _____

Owner _____ Pet _____ Cage # _____
Breed _____ Color _____ D.O.B. _____ Stray ? _____
Comments: _____

Services Requested:

Date _____
Spay/ Neuter _____ Dental cleaning _____ Tooth extractions _____ Estimate Age _____
Other surgery _____ With Biopsy ? Yes/ No

Pre-anesthetic blood work: mini _____ partial _____ full _____ waived _____
Pregnancy termination: Y/N HWT _____ FeLV/FIV test _____ If positive? Quarantine _____ PTS _____
Flea/ worm control: Advantage Multi _____ Frontline _____ ParaDefense _____ Droncit _____ Strongid _____
Rabies _____ **New Rabies** _____ **FVRCP(Distemper)** _____ **FeLV (Leukemia)** _____
Eradimite _____ Ivomec injection _____ Feral cat ear tip _____ microchip _____
E-collar _____ Skin staples _____ Pain medication _____ Coupon _____ Voucher _____

Services Rendered:

Wt: _____

Physical exam: _____ Comments: _____

Blood test: partial/ full/mini Results _____

Spay: In heat _____ Pregnant _____ Lactating _____ Castration: _____ Crypt _____
Dental: hand scale _____ ultrasonic scale/ polish _____ Tooth extractions _____ Est. Age _____
Other surgery _____ Biopsy _____ Microchip _____
Vacc: Rabies _____ FVRCP _____ FeLV _____ FeLV/FIV test _____
Skin: Fleas _____ Advantage Multi / Frontline applied _____ Droncit inj. _____ Nail trim _____
Ears: Cleaned _____ waxy _____ mites _____ Left ear tip _____ Ivermectin inj. _____ Other _____
Other: Antibiotic _____ IV/ SQ fluids _____ Pain injection _____ Fecal _____ U/A _____ Temp _____

Specific discharge instructions:

Physical examinations- recommended yearly unless under one year old and received one or less exams.
If today was your kitten's only veterinary visit, please return in 1 month.

Vaccination recommendations:

Rabies-return by _____ for a _____ year booster (required by state law).

Feline distemper- Recommended for protection from respiratory viruses.

Return **ASAP** if your cat/kitten has never received or is over due for a distemper vaccination.

Kittens- if never vaccinated a series of 2-3 shots 1 month apart is recommended.

Return _____ for a booster or to complete kitten series.

Indoor/ Outdoor adult (over 1y.o.) - a yearly booster is recommended.

Indoors only adult (no exposure to outdoor cats) -booster every other year if up to date.

Feline Leukemia- recommended for all cats that go outdoors. Need a series of 2 shots 1 month apart, then once a year thereafter.

Return _____ for a booster.

Surgery incision- _____ Skin layer **glued/not glued**. Just keep clean and dry for 14 days, no need to return.

_____ Skin **sutures/staples**. Return in _____ days for removal if still present.

_____ Gingival sutures- absorbable. Rinse mouth with lukewarm water after meals for 1wk.

Medications- Give the following as directed: _____

E-Collar: Leave on for _____ days when unsupervised.

Other _____

Pet Partners is a non-profit clinic. We may not be able to accommodate sick or injured animals. We strongly encourage you to establish a relationship with a full service veterinarian in case of illnesses or emergencies.

INFORMATION FORM - CAT

In order to save time at check-in please read the following information before dropping off your cat for surgery. If someone other than the owner is bringing the cat to the clinic, please initial your choices and sign the next page. If you have any questions please feel free to call (508) 672-4813 Monday- Thursday 9am-4pm. Please allow 15-20 minutes for check-in and pick-up.

*****Check-in is 7:00-8:00 am. Pick-up is 4:00-5:00 pm. Please call ahead if you need another time.*****

PRE-ANESTHETIC BLOOD WORK

Blood testing prior to any anesthetic procedure is recommended to uncover any possible hidden problems. The tests we order are the same that a person would have done prior to an anesthetic procedure. **The partial and minimum panel tests can be done the same day the surgery is scheduled.** For a full panel, please schedule an appointment a few days prior to surgery to have the blood drawn. We will wait for the test results before starting surgery.

Minimum pre-op screening- provides some info but not as complete as above panels. Cost is \$64

Partial/ juvenile panel- for healthy animals under 7 years old. Cost is \$86

Full panel- recommended for animals 7 years or suspected illnesses/dental disease. Must be done prior to day of surgery.

Waived- unforeseen problems may occur with anesthesia and you are willing to assume the risks.

Please INITIAL Choices: mini _____ partial/juvenile _____ full/adult _____ waived _____

VACCINATIONS- NOT recommended on the same day of surgery to avoid possible allergic reactions. If returning for vaccinations on a clinic day (Wednesday, Friday or Saturday) is difficult for you, then we will vaccinate your cat at the end of the surgery day. A rabies vaccine will be given on the surgery day if your pet is not up to date or you do not provide proof of vaccination.

****PLEASE bring copies of vaccination and medical records to avoid a possible \$15-\$45 record research fee****

Feline Rabies vaccine- legally required. Please read attached letter explaining vaccine options.

Feline Distemper vaccine- recommended for protection from respiratory viruses: \$19

Feline Leukemia vaccine- recommended for cats that go outdoors or have exposure to an outdoor cat: \$29

A feline leukemia/ aids test is required before the initial vaccination (read below): \$57

Choices: Rabies “new” (\$25) _____ “old” (\$10) _____ Feline distemper (\$19) _____ Feline leukemia (\$30) _____

FELINE LEUKEMIA/ FIV TESTING

Feline Leukemia and FIV are non-treatable viral infections that can affect cats. The viruses are spread by the transfer of infected blood or saliva. Your cat could have been exposed to either virus from its mother or if your cat has been outside it could have been exposed through fighting or grooming of other infected cats.

Cats can be carriers of the virus and not show symptoms for many years.

We can test your cat for both viruses with one blood sample. (Please note that a negative leukemia result is only considered accurate for kittens over 3 months of age and for aids if over 6 months of age. **Cost is \$57.**

Heartworms are transmitted by mosquitoes. Symptoms of coughing, shortness of breath and vomiting usually don't appear until late in the disease process so blood testing is essential for early detection. **Cost is \$39.**

If either feline viral test comes back positive we recommend that you keep your cat indoors to prevent the spread of the virus, and then retest in 3 months.

Therefore we recommend if the test is positive to:

- quarantine your cat at home and retest in 3 months or
- adopt the cat to a cat- free home (you must arrange this yourself) and retest in 3 months or
- euthanize (put to sleep) the cat because you are unable to isolate this cat for 3 months

Charge for euthanasia alone is \$30, plus burial is \$15 - \$114 total.

Choices: test – Yes _____ No _____ If positive: quarantine _____ euthanize _____ burial _____

Microchip- A small RFID chip is implanted between your pet's shoulder blades and allows shelters, animal control and vets to

contact you in case your pet gets lost. **Cost- \$57**_____

OBESITY- There may be an additional charge for overweight animals.

PREGNANCY

If your female pet is found to be pregnant upon examination or surgery, she still may be spayed (fixed).

This surgery will result in the termination of the pregnancy.

There may be additional charges for I.V. fluids, pain medication, and additional surgery time depending on the weight of your pet and the stage of pregnancy.

(Cats - usually \$25-\$65 extra)

Choices: hold spaying if pregnancy is suspected or found during surgery _____ spay_____

FLEA CLINIC POLICY-Any animal found with fleas or flea dirt will have a flea control medication applied and you will be charged accordingly.

Your choices are: Advantage Multi (fleas, ear mites, and some worms)- \$17.22-\$20.14 **Frontline Gold** (fleas and ticks)- \$18.95

Para Defense (fleas) - \$7.50

Tapeworm medication (Droncit) is also recommended, since fleas carry tapeworm eggs and your pet can be infected if they swallow any fleas while grooming themselves. The cost varies with the weight of the animal. (NOTE: Advantage Multi does not cover tapeworms.)

The cost for the average sized cat would be \$10-\$13.50 (injectable) or \$10-\$10.92 (pill) plus tax.

Choices: Advantage Multi_____ Frontline_____ Para Defense _____ Praziquantal _____

EAR MITES/ EAR INFECTIONS- Ear mites are common (especially in young cats). The mites cause itchiness of the ears.

Medication choices are either a gel (which is applied by the owner into the ears), Advantage Multi topical or we can give an injection today which will need to be repeated in 3 weeks.

Ear infections caused by yeast and bacteria are more common in dogs, especially dogs with long floppy ears. Treatment usually requires an anti-yeast/ bacterial ointment plus cleansing with a vinegar mixture.

Choices: Ear mites- Gel (cost \$18- \$21)_____ Injection (cost \$10.00 each injection)_____

Advantage Multi topical (\$17.22-\$20.14)_____

Ear infections- ointment (cost \$18 - \$23)_____ (Vinegar recipe will be provided if needed)

PAIN MEDICATION- All animals will be given a pain injection before surgery. The medication will wear off approximately 24 hours later. Some animals need pain medication for several days after surgery/ dentals depending on the procedure performed and their individual pain tolerance. Additional pain medication may be purchased if you know that your pet is more "sensitive." (Pain medication will automatically be dispensed for some procedures such as tooth extractions).

Cost- For 2 days worth Cats: \$12.50 _____

E-COLLAR (lampshade collar) - We highly recommend purchasing a collar to prevent licking of the surgical area. Visit fees to check and/or repair open skin incisions are \$10-\$250 (not incl. anesthesia).

Cost- \$9 for cats _____ **Declined**_____

Signature of owner_____ **Date**_____

Print Name_____ **Name of Pet**_____

Prices are Subject to Change without notice.

****All pets must be picked up by 5:30 unless prior arrangements have been made****

Unscheduled late pick-ups will incur a fee for staff overtime coverage of \$50.

Pets not picked up by 6:00 pm for whatever reason will be kept overnight and charged \$75-\$150.



For _____

Appointment Date _____

The following information will hopefully answer any questions you may have about anesthesia. If you have any additional questions or concerns, please do not hesitate to call the clinic before your scheduled appointment.

What type of anesthesia will my pet receive for their surgery or dental procedure?

Unless discussed otherwise, your pet will be given a “general anesthetic” which means they will be fully asleep or unconscious during the procedure and unable to feel pain.

What will be done to my pet before, during, and after surgery to help provide a safe anesthetic event?

Your pet will be examined by the attending technician at drop-off and by the attending veterinarian before any drugs are given. You will be called to discuss options if the examination or any chosen pre-anesthetic testing reveals any concerns. During surgery your pet will be given intravenous fluids, hooked up to heart, blood pressure, and carbon dioxide monitors, and have their temperature checked. Vital signs will continue to be monitored afterwards.

What drugs will be given?

Multiple drugs will likely be given to your pet to alleviate anxiety before surgery, to provide unconsciousness and allow placement of a tube into their trachea for the delivery of oxygen and gas anesthetics, to maintain a stable level of pain-free unconsciousness during surgery, and to help diminish pain after surgery.

The drugs given MAY include: Acepromazine, Alfaxalone, Antisedan, Bupivacaine, Buprenorphine, Butorphanol, Carprofen, Dexdomitor, Diphenhydramine, Epinephrine, Etomidate, Fentanyl, Hydromorphone, Isoflurane, Ketamine, Meloxicam, Midazolam, Propofol, and Telazol. (This list will change over time based on safety data information, the development of newer/safer drugs, and cost).

What determines which drugs will be given?

The species, breed, age, weight, past known history with drugs and vaccines (in your pet or any relatives of your pet), present condition, type and expected length of procedure, and the results of any chosen pre-anesthetic testing will help the veterinarian determine which drugs to use.

What are the risks of general anesthesia?

As with other drugs, anesthetic drugs also have side effects. These effects can range from mild to catastrophic. A normal or favorable response to anesthetic drugs requires normal functioning of all major organs and no allergic reactions to the above drugs.

Mild undesired side effects: prolonged grogginess, nausea and vomiting after surgery

Moderately undesired side effects: rash/bruising/infection at the intravenous needle site; a mild allergic reaction resulting in hives or facial swelling; a TEMPORARY abnormal change in body temperature, respirations, heart beat, eyesight, or functioning of major organs

Catastrophic: anaphylactic shock, permanent loss of major organ function, DEATH.

Why do some animals have adverse reactions to routinely used anesthetic drugs?

Some pets just like some people have underlying diseases with major organs that cannot be detected with a physical examination or routine laboratory testing. Non-routine testing of blood and internal organs may be recommended if your pet (or a relative of your pet) has had a history of previous problems with drugs or vaccines or a suspected problem based on exam findings. And some pets just like some people, will have allergic reactions or will be overly-sensitive to the usual recommended drug dosages.

How frequently do anesthetic complications and death typically occur?

Statistics are hard to come by since the reporting of anesthetic complications and death are not required. Retrospective studies (1-5) reveal complication rates of 1-2% and death rates averaging 0.1-0.3% in cats and dogs, and 1.39% in rabbits.

How many anesthetic procedures have been performed at Pet Partners and what is the percentage of anesthetic deaths?

From 2001 through 2015, we have anesthetized 22,266 cats, dogs, rabbits, guinea pigs, hamsters, and ferrets, and one goat. Sadly, 32 (or 0.14 %) of these pets did not survive anesthesia. This number includes sick, injured, and feral animals. We have had 10 animals survive respiratory and/or cardiac arrest.

What will happen, if in the rare event, my pet has complications or stops breathing or their heart beat ceases during anesthesia?

Your pet will be given emergency drugs, assisted respirations, and if needed, cardiopulmonary resuscitation (CPR). We will continue emergency treatment as long as there is a discernable and viable response or for a 15 minute period AFTER no detectable independent respiration or heartbeat (“flatline”) is confirmed. This period is to allow sufficient time for emergency drugs and IV fluids to possibly work. The attending veterinarian will notify you as soon as they are able.

Is there a charge for emergency drugs and emergency care?

Unfortunately, yes (and yes we know that this may seem as though it is adding insult to injury) but we have to charge “at cost” fees for the drugs and time involved. The charges will vary depending on the weight of your animal and the time involved. There will be no charge for checking the airway and giving reversal medications if appropriate.

Estimated fees for the INITIAL 15 minutes of emergency care for full respiratory and heart arrest:

Cats and small dogs- \$ 75-150 Medium-sized dogs- \$100-175 Large dogs-\$150-250

May I waive any emergency care if in the rare event my pet should experience complications?

Yes, you may request DO NOT RESUSCITATE. We understand that as much as you/ we would like to do everything possible for our pets, we have to take many factors into consideration when money is involved.

What can be done to lower the risks of anesthesia?

1. Provide past medical records – especially of known problems with any drugs or vaccines with your pet or a relative of your pet
2. Notify the clinic of any recent problems- change in weight, appetite/thirst, urine/bowel movements or activity level, respiratory/ear/urine infections
3. Consider pre-anesthetic testing of:
 - a. Urine- to reveal underlying infections or early kidney disease. A sample must be submitted 1 week prior to the scheduled appointment. Cost- \$48
 - b. Blood- to evaluate blood cell numbers, electrolytes, basic kidney and liver levels. Testing may be done the day of surgery or up to one month prior. We will wait for results before fully anesthetizing your pet.
(Due to the small size of the clinic, we may need to give noisy dogs a sedative before blood test results return if you choose to have testing done the day of your appointment). Costs- see surgery information sheet
 - c. Blood Pressure- to help detect underlying heart or kidney disease. We will need to shave hair from a lower leg and or tail. Cost- \$18

** PLEASE NOTE- There are no known tests to determine if your pet will have an allergic or adverse reaction to anesthetic drugs.

** PLEASE NOTE- Normal examination findings, normal blood and urine test results, normal blood pressure readings does **NOT** guarantee that your pet will have an expected and favorable response to anesthetic drugs.

BOTTOM LINE-

A favorable anesthetic outcome is estimated to occur in 98.6-99.9% of cases.

The only guarantee that we can make is that we will try our best to make sure your pet is safe at all times and will have a favorable outcome.

I am the owner/agent of _____ . I have read and understand the information provided regarding risks of anesthesia.

I choose to have emergency care provided to my pet in the rare event that they have an adverse response to anesthetic drugs-please initial: _____

Emergency Contact phone number: _____

I choose to request DO NOT RESUSCITATE in the rare event my pet should have an adverse response to anesthetic drugs- please initial: _____

Signature of owner/agent _____ Date _____

Print name if other than owner _____

References:

1. Dodman,N. Feline anesthetic survey. J. Small Animal Practice 1977;10:653-8
2. ClarkeK,Hall, L.A survey of anesthesia in small animal practice, AVA/BSAVA report. J Assoc Vet Anaesth 1990;17:4-10
3. GaynorJ.,Dunlop C.,Wagner A.,Wertz E.,Golden A. Complications and mortality associated with anesthesia in dogs and cats. J Anim Hosp Ass 1994;35:13-7
4. Dyson,D., Maxi MG. Morbidity and mortality associated with anesthetic management in small animal veterinary practice in Ontario. J Anim Hosp Ass 1998;35:325-35
5. Brodbelt, Blissitt, Hammond,Neath,Young,Pfeiffer,Wood,. The risk of death. Vet Anaesth Analg. September 2008;35(5):365-73



CAT OWNERS- Rabies Certification Protocol and Choices

Please read the following information regarding Rabies certifications and vaccine choices for cats.

You will have two options to choose from for the Rabies vaccine.

(Legally ALL cats are required to be vaccinated against Rabies, even if they are indoors at all times).

Rabies certificates- State law dictates how long a certificate is good for:

- Initial vaccination- rabies certificate is good for ONE year.
- Booster – rabies certificate is good for **ONE or THREE years** depending on which vaccine is chosen.
- 3 year certificates- only issued **IF** 3 year vaccine booster is given within 9-12 months of previous vaccination.

Possible vaccine reactions- (These reactions can occur with any vaccine)

- Soreness
- Fever
- Facial swelling and/or hives
- Vomiting, respiratory distress, anaphylactic shock
- Temporary lump at vaccination site
- Cancerous lump at vaccination site- 10 times more likely with adjuvanted vaccines.

Rabies choices-

“Old”- contains adjuvant or an added ingredient used to stimulate the immune system. We use Merial Imrab.

“New” – does not contain adjuvant. We use Merial Purevax brand.

Rabies vaccination fees-

“Old”- \$10 for one or three year

“New”- \$ 25 for one year

\$ 70 for three year

We have elected to continue offering the “Old” vaccine for the following reasons-

Many of our clients have multiple cats they care for and can only afford the \$10 option.

The “Old” vaccine is better than no vaccine when considering the possibility of human infection.

Rabies infection in humans is fatal if not treated immediately.

I have read the above information and choose the “OLD” or “NEW” Rabies vaccine.

Client/Agent name _____ Pet’s name _____ Date _____



Feline Leukemia Protection Recommendations

Leukemia in cats is caused by exposure to the leukemia virus. It is usually spread to kittens by an infected mother or through interaction with other infected cats. The virus is transmitted via nursing milk, blood, and/ or saliva. Once exposed, there are three possible outcomes:

1. The cat is able to get rid of the virus as the immune system matures
2. Stays persistently infected, never becomes ill, BUT transmits the virus to other cats
3. Stays persistently infected, becomes ill at some point, and usually dies within 1-3 years

There is no treatment for this virus, only supportive care.

Kittens are considered most at risk because of their undeveloped immune system and the greater likelihood of escape and interaction with outdoor cats. Based on the recommendations of several Feline advisory boards we are also recommending the following protection protocol:

Kittens- test* for Leukemia at 8 weeks old.

Initial Series-vaccinate every 3-4 weeks x2

Boosters- 1 year later and repeat annually IF at risk of future exposure to outdoor cats.

Adult cats (1-7yo) at risk- test* and vaccinate as above. Booster annually until 7-8 yo

Senior cats (over the age of 7)- test* if never performed. Usually not vaccinated due to the development of natural immunity by this age.

Testing* for all cats at risk- recommended annually because the vaccine is not 100% guaranteed.

I have discussed Feline Leukemia testing and vaccination recommendations with my veterinarian and have chosen the following:

_____ Test today and start vaccine series

_____ Start vaccine series today without testing. I realize that the vaccine will not help or hurt my kitten/cat if they have already been exposed to the Feline Leukemia virus. I may elect to test my kitten/cat at a later date.

_____ Decline testing or vaccinations today but may elect to pursue later.

Owner's name

Pet's name

Date

(The test* will also include a test for FIV or Feline Immunodeficiency Virus. If kittens test positive for FIV, it could be a "false positive" from the mother and then we would recommend re-testing after 4 months old). There is no effective FIV vaccine available.

Feline Leukemia Annual Testing and Vaccination Consent- please initial choice.



I am the legal owner or authorized agent of the above pet. I am waiving the following recommended tests, procedures, treatments, and/or vaccinations due to my pet's age and/or condition, financial limitations or personal objections.

____ pre-anesthetic blood testing

____ heartworm testing

____ vaccinations- I am aware of possible legal liabilities and ramifications if my unvaccinated pet should transmit a virus to another pet or human. I am aware that exposure to these viruses could be fatal.

___ Distemper- possibly fatal to cats and dogs

___ Leukemia- possibly fatal to cats

___ Rabies- possibly fatal to many mammals, including cats, dogs and humans

___ Other - _____

____ referral to full service clinic or specialist

If my pet is scheduled for anesthesia, I am aware that there may be additional risks due to age or condition which may not be apparent from physical examination or any prior testing. I understand that by waiving recommended testing that the risks may be greater. I have discussed the possible anesthetic risks with the clinic staff and I realize that the results cannot be guaranteed.

Owner/Agent Signature

Date

Witness

print name if Agent