

NINE LIVES CAT HOSPITAL

SURGERY RELEASE Are Vaccinations Current

CLIENT NAME: _____

CATS NAME: _____

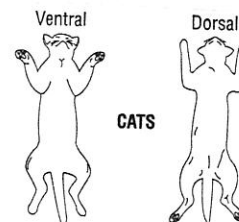
CATS HISTORY

Yes	No	<u>Update Today</u>	Felv/Fiv combo test ()
()	()	()	Indoor Only ()
()	()	()	Indoor/Patio Only ()
()	()	()	Indoor/Outdoor ()
()	()		
()	()		

Yes No
() () Has the pet been checked for internal parasites in the last 6 months?
() () Did your pet eat after midnight or this morning?
() () Is your pet allergic to any drugs?
() () Has your pet had any illness or injury in the past 30 days?
() () Has your pet been bitten or been in a fight in the past 30 days?
() () Any history of seizures and/or previous anesthetic problems?
() () Current medications? _____

Elective Procedures To Be Done At The Same Time:

() Spay (Neuter) (Declaw) Other _____
() Dental Prophy/Cleaning
() +- Extractions () Would you like a Microchip Implant yes () no ()
() Ear Flushing () Remove Skin Growths
() Radiographs Location: _____
() Grooming _____
() Other _____



OWNER RELEASE

I understand that anesthesia and surgery always involve some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. **I have read the foregoing, understand what it says, and agree.**

Signature _____ Date _____
Owner/Agent

Phone number where you can reach me today: _____

Is there anything else we should know about your pet?? _____