

**MASTERSON ANIMAL CLINIC**

1490 Leestown Rd.  
Lexington, KY 40511  
(859) 389-8387

**FELINE CONSENT FORM**

Owner's Name \_\_\_\_\_ Name of Animal \_\_\_\_\_

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

I hereby consent and authorize the performance of the following procedure(s) or operation(s).

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) than those set forth above. Therefore I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

**FLUID SUPPORT**      \$45

Intravenous administration of fluids during surgery helps maintain blood pressure. This improves oxygen delivery to vital organs, such as the kidneys, and helps to expedite the breakdown and removal of anesthetics from the body.

I would like to have fluids administered to my cat during surgery.

Yes \_\_\_\_\_ No \_\_\_\_\_

**PRE-ANESTHETIC BLOOD WORK**      \$37

This set of blood tests screens for liver and kidney function, dehydration, anemia, and diabetes. Finding a problem allows the doctor to address the problem before anesthesia, if possible, and to choose the most appropriate anesthesia for the procedure.

I would like pre-anesthetic blood work performed for my cat.

Yes \_\_\_\_\_ No \_\_\_\_\_

**LEUKEMIA AND IMMUNODEFICIENCY VIRUS BLOOD TESTING**      \$49

These viruses can have devastating effects and are carried by apparently healthy cats. All cats should be tested at least once. Cats that go outside or are in contact with cats that go outside should be tested yearly.

I would like leukemia and immunodeficiency virus blood tests performed for my cat.

Yes \_\_\_\_\_ No \_\_\_\_\_

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization of consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or agent