###### C:\Users\Owner\Desktop\Cat Care Logo-01.png

###### Exotic Surgery Consent

Owner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number where you can be reached today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text**:** Yes No

##### Do we have permission to use photos of your pet on our Facebook, Instagram or our website? □ Yes □No

What did your pet eat this morning? Yes No Do Not Know

Any coughing, sneezing or diarrhea? Yes No Do Not Know

Has your pet been ill or injured in the past 30 days? Yes No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet ever been anesthetized? Yes No Do Not Know

Were there any anesthetic problems? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet allergic to any drugs? Yes No Please List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet currently on any medications? Yes No Please List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resuscitation**

I hereby authorize the Doctors and the staff of Cat Care of Fayette to attempt advanced life saving measures in the case of respiratory and/or cardiac failure. I understand that even though these measures are taken, the doctors and the staff of Cat Care of Fayette may not be able to successfully resuscitate my pet.

I also understand that I am responsible for the incurred costs for the advanced life saving measures. In the event that my pet needs advanced life saving measures, Cat Care of Fayette will make every attempt to contact me for authorization of further treatment once my pet is stabilized. ($200-$300)

I understand that my expressed wishes on this form will be considered a standing request while I am a client of Cat Care of Fayette. If at any time I desire to change my wishes, I will do so in person by signing the appropriate forms before any standard treatments are rendered.

□ I **do** authorize resuscitation □ I **do not** authorize resuscitation

**I authorize Cat Care of Fayette to examine and treat my pet, and by signing below declare that I have authority to approve such treatment. Signer agrees to take financial responsibility in the event the doctor suffers damages due to treatment that was fraudulently, or improperly, authorized by signer.**

I understand that I am responsible for all charges incurred and must pay for those charges in full upon services being rendered. **(We do not accept checks as a form of payment)**

Owner/Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_