

Albuquerque Cat Clinic



TREATMENT CONSENT FORM

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CLIENT NAME: _____

CONTACT NUMBER: _____

CATS NAME: _____

D.O.B.: _____

COLOR: _____

SEX: _____

BREED: _____

REASON: _____

<i>Select One Option</i> DROP OFF TREATMENT	SEDATION	PRE-ANESTHETIC BLOODWORK
<p>_____ Perform any additional treatment the Doctor considers necessary for the comfort and health of my cat.</p> <p>_____ I authorize treatments the Doctor considers necessary for the comfort and health of my cat up to \$_____</p> <p>_____ Please contact me before performing any additional treatments.</p>	<p>For the comfort and safety of your cat, some procedures may require your cat to be sedated. We treat each cat to the best of our ability, and only use sedation when absolutely necessary.</p> <p>_____ I authorize the use of sedation if the Doctor considers it necessary for the comfort and safety of my cat.</p> <p>_____ Please contact me before performing any additional treatments.</p>	<p>If sedation is necessary, performing a blood chemistry analysis and complete blood count is recommended to all of our patients and required for those who have reached the age of seven years. These tests allow us to manage the risks of sedation more effectively and discover the presence of internal problems that MAY NOT BE EVIDENT PHYSICALLY. The cost of these tests start at \$150.50.</p> <p>_____ Yes, I do want pre-anesthetic blood test performed on my cat if sedation is necessary.</p> <p>_____ No, I decline the recommended pre-anesthetic blood tests.</p>

- I am the owner or agent for the owner of the above animal and have the authority to execute this consent.
- I hereby consent to and authorize the performance of the above described procedure(s). I understand that risks may be involved.
- With the authorization of services on this form, I agree to pay all such fees and charges at the time of discharge.
- If unforeseen conditions arise which, in the judgment of the veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.
- I have been advised as to the nature and purpose of these procedures and realize that no guarantee exists as to the result of diagnosis and treatment of the above described animal.
- I have read and understand this consent.
- I am 18 years of age or older.

Signature of Owner or Agent

Date