Santa Barbara County PUBLIC Health DEPARTMENT

Animal Services

Santa Maria Animal Center
548 W. Foster Road ♣ Santa Maria, CA 93455
805/934-6119 ♣ FAX 805/934-6326

SURGERY AND TREATMENT CONSENT FORM - CAT

Owner's Name _____ Date _____

Address _____ City _____ Zip _____

Primary Phone (___) _____ Secondary Phone (___) _____

Phone # where you may be reached today (___) _____

Cat's/Kitten's Name _____ Breed _____

Color(s) _____ Cat's Age ___yrs/___mos Cat's Sex: Male or Female (circle one)

Please respond to the following questions:	**Circle Response**	
1. Do you want your cat to be spayed/neutered today?	YES	NO
2. If your cat is the opposite sex from that listed, do you want to know before surgery?	YES	NO
3. Do you want your cat to receive vaccinations or treatments today?	YES	NO
4. Has your cat ever had an adverse reaction to a vaccine?	YES	NO
5. Is your cat currently sick?	YES	NO
6. Is your cat currently on any medications? If yes, please describe _____	YES	NO
7. Has your cat had any medical problems in the past? If yes, please describe _____	YES	NO

_____

Treatment requested today:

Vaccines: ❒Rabies $10 ❒FVRCP $14

❒Microchip $30 ❒Flea treatment $10 ❒ Worming treatment $12

Santa Barbara County Animal Services Consent Form and Waiver

I hereby consent and authorize Santa Barbara County Animal Services to spay or neuter and/or give vaccinations or provide other treatment to my pet (_____). These treatments, procedures or operations may involve risks of unsuccessful results, complications, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to the outcome except as is otherwise provided herein. I have discussed the potential risks as well as the nature and purpose of the treatment, procedure or operation and have received and understand all the information I desire regarding said treatments, procedures or operations.

I also understand that it may be necessary to provide emergency medical care and in the event that I cannot be contacted, I authorize Santa Barbara County Animal Services to render such care or to arrange for such care. I assume financial responsibility for all charges incurred for the care or treatment provided to the above-described pet. Santa Barbara County Animal Services will use all reasonable precautions against injury, escape, or destruction of the above described pet, however Santa Barbara County Animal Services will not be held liable or responsible beyond such reasonable precautions for its care, treatment, or safekeeping of my pet. It is understood and agreed that I assume all other risks associated with the care, treatment and/or safekeeping of my pet.

I understand/agree that if my pet is identified as difficult to handle, a pre-operative exam will not be given.
I understand/agree that my female cat will be tattooed with an "S" tattoo to signify she has been spayed.

I HAVE READ THIS CONSENT FORM AND FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS.

Signature: _____ Date_____

VAX	LABEL	SITE	METHOD	BY
Rabies		Right rear limb		
FVRCP		Right front limb		

Fleas/Ticks _____ Tapeworms _____ Microchip _____ Ear Mites_____

Date: _____ Pets Name: _____ Weight :_____

Doctor :_____ Tech: _____

Kitty magic: _____ ml /SQ or IM / Divide total ml Kitty magic by 3 = _____

Use above # to calculate:

Ketamine 100mg/ml: _____ ml x 10 = _____ mg

Buthorphanol 10mg/ml: _____ ml x 100 = _____ mg

Dexdomitor 0.5mg/ml: _____ ml x 0.5 = _____mg

TIME	SPO2	HR	TEMP

Physical Exam:

H/L: _____
EENT_____
_____
GI:_____
GU:_____
INTEG.: _____
_____
M/S:_____

DR: _____

Emergency Drugs: ____ none needed _____

Post-operative Medications: _____ none needed

_____

Comments:

_____

_____

_____