



All Feline Hospital

Low Cost Spay/Neuter Consent Authorization

CURRENT OWNER INFORMATION

Owner: _____ Number Where We Can Reach You Today: _____

CURRENT PET INFORMATION

Pet Name: _____ When did your cat last eat? _____

Is your cat? Indoor / Outdoor / Both Sex: Female / Male Declawed? Yes / No Domesticated / Feral

Personal items: Collar, blanket, toy, bed, medications, food. List others: _____

ROUTINE HEALTH PROCEDURES NEEDED TODAY?

- Spay Neuter Leukemia test FeLV and FIV combo test De-worming
- Defensor Rabies Vaccination Distemper/Respiratory Combo Vaccination Leukemia Vaccination
- Micro Chipping (*Offered at a \$5 discount when given during surgery*) Ear-tipping (*Feral cats only*)

PERTINENT HISTORY

Please write down any pertinent history such as previously diagnosed health problems, injuries, or anything else that you can think of that could potentially affect the safety of the anesthesia and the surgery.

— (*Please initial*) I understand that injectable anesthesia will be used on my cat, which does carry a slightly increased risk if there are any underlying health problems. I also understand that All Feline Hospital will use all precautions, and that if in the event of an anesthesia or surgical complication, heroic measures will be taken to resuscitate my cat. I agree to pay for any added charges that may result from potential complications.

Owner must present proof that cat is current on rabies and distemper vaccinations, or the cat will automatically be vaccinated upon entry if healthy enough. If fleas or parasites are found, treatment will be applied.

I, being responsible for the above described pet, grant you my consent to receive, prescribe for, treat, anesthetize, operate upon, and/or radiograph my pet. All Feline Hospital is to use all responsible precautions against injury, escape, or death of my pet, but I will not hold All Feline Hospital liable or responsible in connection therewith as it is thoroughly understood that I assume all risks. I understand all charges including boarding costs are my responsibility and shall be paid upon release from the hospital.

Signature: _____ Date: _____

PAYMENT MUST BE PAID IN FULL AT THE TIME OF SERVICES



ALL FELINE HOSPITAL, PC

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METACAM WAIVER

The FDA has recently required the makers of Metacam (Meloxicam) to put a more strongly worded label on Metacam. This label now reads:

Warning: Repeated use of Meloxicam in felines has been associated with acute renal failure and death. Do not administer additional doses of injectable or oral Meloxicam to felines. See Contraindications, Warnings and Precautions for detailed information.

The injectable Metacam (Meloxicam), that we use in felines, for pain control, is FDA approved for one-time use in felines. The oral Metacam (Meloxicam) is not approved for use in felines. Metacam (Meloxicam) is a non-steroidal, anti-inflammatory medication similar to Ibuprofen or Aleve (Naproxen). It is licensed for repeated oral usage in most countries outside of the United States.

It is the opinion of all of the veterinarians here at All Feline Hospital; Dr. Rebecca Arnold and Dr. Shelley Knudsen, that the benefits of **every other day, low-dose** use of oral Metacam (Meloxicam), far outweigh any risks associated with this medication. We feel that no medication is 100% safe and Metacam (Meloxicam) is no more dangerous than any other medication used in felines.

However, if you would prefer not to use Metacam (Meloxicam) as a pain reliever in your feline, we can offer you alternative medications in the form of narcotics. If you are willing to use Metacam (Meloxicam), we ask that you please sign below.

I have been informed of the risks caused by repeated use of oral Metacam (Meloxicam) in felines. I authorize administration of this medication to my feline despite FDA warnings. I will not hold All Feline Hospital liable should any adverse events occur as a result of administering oral Metacam (Meloxicam) to my feline.

Signature: _____ **Date:** _____