## All Feline Hospital

## General Consent Authorization

#### **CURRENT OWNER INFORMATION**

Owner's Name:	Email	Address:			
Phone Numbers Where We Can Re	each You Today:				
CURRENT PET INFORMATION					
Pet Name:					
Current Diet (Brand):	When	did your pet last eat?			
Is your pet? Indoor / Outdoor / Both	h Sex: Female / Male	Spayed / Neutered / Intact	<b>Declawed?</b> Yes / No		
Personal items: Collar, blanket, toy,	bed, medications, food. Lis	st others:			
Preferred medication route if neede	ed: Any/Pills/Liquid/In	jections / Other:			
REASON FOR VISIT TODAY:					
	ROUTINE PROCEDUR	ES REQUESTED:			
( ) Purevax Rabies Vax or ( ) Defer	nsor Rabies Vax	( ) Distemper / RCP Vax	( ) Leukemia Vax		
( ) Deworm ( ) Nai	l Trim ( ) Oth	er			
If your pet is here due to possible ill which may help us in evaluation an					
which may help us in evaluation an	u treatment of your pet.				
PLEASE INITIAL SELECTION  ( ) I give permission for All Feline necessary and reasonable by the atten OR  ( ) I give permission for All Feline necessary and reasonable by the atten without first contacting me.  OR  ( ) Do not do any tests without calling	ding veterinarian to diagno Hospital to run any necessa ding veterinary to diagnose	ary tests and/or give any necess and/or treat my pet but DO No	ary treatments as deemed OT exceed \$		
OR ONLY	: (COMMON PRICES L	ISTED ON BACK OF FORM	<b>I</b> )		
( ) X-Ray ( ) Ultrasound ( ) Urin	nalysis () Fecal Exam	( ) FeLV test ( ) FeLV & FIV	Vcombo test		
Blood work: ( ) Whatever needed	l () Serum chemistry (	) CBC ( ) Thyroid ( ) Oth	er:		
( ) Sedation if needed ( ) Specific n	nedical/surgical:	( ) Other:			
The pet must have a current rabies vac If fleas, worms or ear mites are foun I, being responsible for the above describ radiograph my pet. All Feline Hospital hold All Feline Hospital liable or re- understand all charges including	d, treatment will be applied above, or treatment v ed pet, grant you my consent is to use all responsible preca sponsible in connection there	and charged for. If you have trewill be applied. to receive, prescribe for, treat, ane utions against injury, escape, or determined.	sthetize, operate upon, and/or ath of my pet, but I will not that I assume all risks. I		
			_		
Signature:		Date:			

PAYMENT MUST BE PAID IN FULL AT THE TIME OF SERVICES
FORM CONTINUES ON BACK OF PAGE

### **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; 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:	

# COMMON ROUTINE PRICE LIST: (price ranges indicate testing needs will be determined by doctor)

Routine doctor exam	\$29.00	Urine exam	\$45.00
Recheck exam	\$14.50	Fecal exam	\$22.00 - \$76.00
Senior exam	\$30.50		
	·	Ultrasound	\$41.00 - \$104.50
Defensor rabies vax − 1 year	\$11.50	X-Rays	\$56.60 - \$131.50
Defensor rabies vax – 3 year	\$18.00		
Purevax rabies vax − 1 year	\$24.00	Glucose check	\$7.40 - \$19.40
Pure vax rabies $vax - 3$ year	\$44.00	FeLV test \$43.50	FeLV/FIV test \$65.00
Distemper / upper respiratory vaccination	\$24.60		
Leukemia vaccination	\$24.10	Blood Pressure	
		Initial	\$29.50
Blood work – standard full panel (CBC, chem, T4)		Recheck	\$20.20
Outside lab – results 24-48 hours	\$95.00	Micro chipping	\$34.00
In house – results 1-2 hours	\$139.75	Deworming	\$5.10 - \$27.05
Chemistry panel		-	
Outside lab – results 24-48 hours	\$48.00	Technician only procedures (no doctor exam)	
In house – results 1-2 hours	\$67.25	Nail trim	\$11.80
Thyroid level		Anal sac expression	\$11.80
Outside lab – results 24-48 hours	\$33.50	Bottom shave	\$27.00
In house – results 1-2 hours	\$41.50	Comb out / cut mats	\$28.50
Complete blood count (CBC) – outside lab	\$31.00	Subcutaneous fluid	administration \$10.30
Packed cell volume (PCV) – in house	\$14.50		