

Sifferlin Animal Clinic, Inc.
330-343-3349

Pre-Anesthesia Laboratory Form- Cat

Pet's Name:

Owner's Name:

Procedure(s) being performed: _____

Basic Health Screen - This entails 14 chemistry levels and full CBC.

If your pet will be undergoing anesthesia, we highly recommend that routine laboratory work be performed beforehand. Lab tests help insure that there are no underlying health problems that would endanger our patients' successful recovery. . Our utmost concern is your pet's health and your satisfaction.

- **YES / NO** (please circle) - for the Basic Health Screen

Additional Recommendations: (Fees Apply) (please circle)

- I do want my cat tested for Feline Leukemia & Feline AIDS Viruses. YES / NO
(I want my cat to receive the vaccine if negative for Leukemia YES / NO.)
- If my cat is overdue on vaccines, I want my cat vaccinated. YES / NO
- I need Revolution for my cat. YES / NO
If yes, how many? _____
- I want my pet microchipped. YES / NO
- I want an E-collar for my pet. YES / NO

**If my pet is undergoing under a dental procedure, I consent to any teeth extractions needed.

**If fleas are found on pet, a flea product will be applied at your cost.

**I assume full financial responsibility for this pet and understand there is always a potential risk for anesthesia, surgeries and dentals.

****Payment is expected in full at time of pick-up.**

Phone # _____

I want a **text** message when my pet recovers from anesthesia. YES/NO

Cell # _____

Signed _____ Date _____

***** IMPORTANT INFORMATION: NO FOOD AFTER 7PM THE NIGHT BEFORE PROCEDURE, ALLOW WATER. DROP-OFF TIME IS _____ AM. (CATS THAT ARE DECLAWED STAY OVERNIGHT.)**