



## FELINE NEUTER SURGICAL RELEASE

Client's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Fasted for 8 hours? YES/NO

Please list all medications that your cat is currently taking (including heartworm and flea/tick prevention):  
\_\_\_\_\_

Please list all medications that your cat received this morning: \_\_\_\_\_

Microchip Implantation & Registration (+\$41): \_\_\_\_\_ Rabies vaccine (+\$26): \_\_\_\_\_ Dewormer (+\$17-\$25): \_\_\_\_\_

Other treatments/vaccines/tests: \_\_\_\_\_

**Surgical Packages (please initial next to the package you would like):**

**1. Gold/Comprehensive** \_\_\_\_\_

Includes a comprehensive physical examination, the surgical procedure, extensive pre-operative blood work (CBC and Chemistry panel), complimentary nail trim, post-operative pain injection, and 3-5 days of post-operative pain medication.

**2. Silver/Standard** \_\_\_\_\_

Includes a limited physical exam, mini pre-operative blood work (includes 4 values), the surgical procedure, complimentary nail trim, post-operative pain injection.

**Add: 3-5 days of oral pain medication: Liquid (+\$38) \_\_\_\_\_ or Tablet (+\$17) \_\_\_\_\_ (Initial one)**

**3. Bronze/Clinic** \_\_\_\_\_

Includes a limited physical exam, the surgical procedure and a post-operative pain injection

**\*\*By signing here, I decline the recommended pre-operative blood work.**

\_\_\_\_\_  
**Add: 3-5 days of oral pain medication: Liquid (+\$38) \_\_\_\_\_ or Tablet (+\$21) \_\_\_\_\_ (Initial one)**

I understand that all surgical and anesthetic procedures have inherent risks and that Coats Veterinary Hospital will use all reasonable precautions against injury, escape, and death of my pet. Furthermore, I accept these risks and will not hold Coats Veterinary Hospital or its doctors liable or responsible in any manner should an adverse event occur.

**After carefully reading the above, I have signed below in agreement and confirm that I will pay all charges upon my cat's release from the hospital..**

\_\_\_\_\_  
Owner or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number where we can reach you today

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\_\_\_\_\_  
Owner or responsible party