

**All Feline Hospital**  
**Emergency Consent Authorization**  
**\$100.00 DEPOSIT REQUIRED**  
**CURRENT OWNER INFORMATION**

Owner: \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Number Where We Can Reach You Today: \_\_\_\_\_

**CURRENT PET INFORMATION**

Pet Name: \_\_\_\_\_ Breed (DLH, DSH, etc.): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Color: \_\_\_\_\_ Where did you get your cat from? \_\_\_\_\_ Time Owned? \_\_\_\_\_  
Current Diet: \_\_\_\_\_ When did your cat last eat? \_\_\_\_\_  
Is your cat? Indoor / Outdoor / Both Sex: Female / Male Spayed / Neutered / Intact Declawed? Yes / No

**ILLNESS / INJURY**

**If your cat is here due to illness or injury, please write down all pertinent history, and any other information which may help us in evaluation and treatment of your cat. Please use the back of the page if more space is needed.**

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**Please indicate all potential tests/procedures that you give us your permission for to diagnose/treat your pet:**

***PLEASE INITIAL***

( ) I give permission for All Feline Hospital to run any necessary tests and/or give any necessary treatments as deemed necessary and reasonable by the attending veterinarian to diagnose and/or treat my cat.

**or only**

( ) X-Ray ( ) Ultrasound ( ) Urinalysis ( ) Fecal Exam ( ) Leukemia test ( ) FeLV & FIV combo test  
Blood work: ( ) Whatever needed ( ) Serum chemistry ( ) CBC ( ) Thyroid ( ) Other \_\_\_\_\_

( ) Sedation if needed ( ) Specific medical/surgical: \_\_\_\_\_ ( ) Other \_\_\_\_\_

( ) Do not do any tests without calling me first. I realize that this may delay diagnosis and/or treatment of my cat.

**or**

( ) I understand that since this is an emergency situation, the attending doctor may need to do multiple lifesaving procedures quickly, which may result in costs going up quickly. I give permission for All Feline Hospital to run any necessary tests and/or give any necessary treatments BUT, I would like to be notified when my bill approaches \_\_\_\_\_, and I would like treatment to stop when my bill approaches \_\_\_\_\_.

**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**  
2300 S. 48<sup>th</sup> St. \* Suite 3 \* Lincoln NE 68506  
Phone (402) 467-2711 Fax (402) 261-3736

## **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:** \_\_\_\_\_