

**All Feline Hospital**  
General Consent Authorization  
**CURRENT OWNER INFORMATION**

Owner's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone numbers where we can reach you today: \_\_\_\_\_

**CURRENT PET INFORMATION**

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ When did your pet last eat? \_\_\_\_\_

Current Diet (Brand, Wet/Dry): \_\_\_\_\_ Is your pet? Indoor / Outdoor / Both

Personal items: Collar, Blanket, toy, bed, meds, food. List other: \_\_\_\_\_

Preferred medication route if needed: Any / Pills / Liquid / Injections / Other: \_\_\_\_\_

**ROUTINE PROCEDURES REQUESTED:**

- Purevax Rabies Vax or  Defensor Rabies Vax       Distemper / RCP Vax       Leukemia Vax  
 Deworm       Nail Trim       Other \_\_\_\_\_

**Reason for visit today? If your pet is here due to possible illness/injury, please write down all pertinent history, and any other information which may help us in evaluation and treatment of your pet.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DNR:** In the event that a life threatening event happens while my cat is here, I **DO / DO NOT** wish for life saving resuscitation measures to be performed. *(please circle selection)*

If my cat is agonal (dying), do you give AFH permission to euthanize? **YES / NO** *(please circle selection)*

**PLEASE INITIAL SELECTION**

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 pet.

**OR**

I give permission for All Feline Hospital to run any necessary tests/treatments as deemed necessary and reasonable by the attending veterinary to diagnose and/or treat my pet but **DO NOT** exceed \$\_\_\_\_\_ without contacting me first.

**OR**

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

**OR ONLY:**

X-Ray     Ultrasound     Urinalysis     Fecal Exam     FeLV test     FeLV & FIV combo test

Blood work:  Whatever needed     Serum chemistry     CBC     Thyroid     Other: \_\_\_\_\_

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

**The pet must have a current rabies vaccination status or the pet will automatically be vaccinated upon entry if healthy enough.**

**If fleas, worms or ear mites are found, treatment will be applied and charged for. If you have treated recently, please note above, or treatment will be applied. All pets will receive a physical exam unless they have been seen recently or the doctor does not require it based on the service(s) performed today.**

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**

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

### History and risk factors Evaluation

For us to evaluate your cat it is very important that you are his/her voice. We'll use this information to evaluate your cat's health and individualize the care your cat receives including vaccinations and examinations. Please answer yes or no to the following to describe your cat's lifestyle.

#### My Cat:

Occasionally escapes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comes in contact with other cats outside of home:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attends cat show:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visits boarding/grooming facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with other cats:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has access to food/water/litterbox of other cats:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appetite:	<input type="checkbox"/> Decrease <input type="checkbox"/> Increased	<input type="checkbox"/> Normal	Diet wet/dry (brand): _____
Weight:	<input type="checkbox"/> Loss <input type="checkbox"/> Stable	<input type="checkbox"/> Gain	
Water Consumption:	<input type="checkbox"/> Decreased <input type="checkbox"/> Normal	<input type="checkbox"/> Increased	
Bowel Movements:	<input type="checkbox"/> Hard/dry <input type="checkbox"/> Normal	<input type="checkbox"/> Diarrhea	
Urination:	<input type="checkbox"/> Decreased <input type="checkbox"/> Normal	<input type="checkbox"/> Increased frequency/amount	
Uses Litterbox:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Excessive scratching at self:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	_____
Unusual Lumps/bumps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	_____
Lameness/limping:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	_____
Vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Coughing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Significant hair loss:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sneezing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scotting:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gagging:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioral Changes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listless/Lethargic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bad Breath/Drooling:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weakness:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty Rising/Jumping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shaking Head:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tremors/shaking/seizures:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies/Reactions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Seasonal? Medication? Vaccinations?) Please list	_____
Has your cat been treated for fleas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so when and what brand did you use?	_____
Current Medications/Supplements:	_____		