



ALL CATS
CLINIC

Anesthetic Form

Day of Sedation:_____ Owner Name: (first, last)_____

Phone:_____ **This must be the best number to reach you regarding your cat.**

Email: _____

Which would you prefer for updates and communications about your cat? ☐ Call

☐ Text ☐ Email

Procedure to be Performed:_____

Did you keep your cat off food and water for at least 12 hours? ☐ Yes ☐ No

Is your cat on any medications? ☐ Yes ☐ No If yes, please explain:_____

When was flea and tick prevention last given and what type?_____

Our kennel has a **"NO FLEAS AND TICKS" policy**. If your cat is examined and found to have fleas or ticks, they will be treated at an additional cost.

Has your cat seemed healthy to you? ☐ Yes ☐ No

If no, please explain:_____

While your cat is sedated, would you like us to perform any of the following procedures at an additional cost? ☐ Home Again Microchip Placement (\$55.90)

☐ Pedicure (No Charge) ☐ Shave rear (\$13.00 and up, plus tax)

☐ Shave matts (\$15.00 and up, plus tax)

Owner's Birth Date:_____

State laws and regulations have changed and now require practices to provide owner birth dates to report controlled substances.

List person, other than you, authorized to pick up your cat:

Name: (first, last) _____ Phone:_____

Today's Date

Owner Signature