



Cats Exclusive, Inc.
6350 West Atlantic Blvd.
Margate, FL 33063
Tel #: 954-975-8349

Estimate & Authorization to Provide Care

Cat/Dog #: _____
Date: _____

OWNER/CARETAKER/S NAME: _____

PHONE #: _____

ADDRESS - STREET, CITY, STATE, ZIP: _____

PET'S NAME: _____ COLOR: _____ AGE: _____

DESCRIPTION OF PROCEDURE: _____

SIGNATURE: _____

I am the owner or authorized agent of the owner of the above-mentioned pet. I authorize Cats Exclusive Veterinary Clinic Doctors, and their Assistants to perform the services described and all other procedures, diagnostics, treatments, and/or necessary for my pet. Cats Exclusive, Inc. will take every reasonable action to ensure the success of my pet's procedure, but the possibility of death as a severe complication of surgery, anesthesia, or any other procedure does exist.

REQUEST and CONSENT FOR SURGERY:

I understand that unforeseen complication or life-threatening situations may occur during the procedure. I authorize the veterinarian and support personnel to alter the procedure and to provide such treatment as necessary to safeguard the life and health of my cat. I agree to pay reasonable additional charges, if any. I understand the cat is an acceptable surgical candidate, sterilization procedures will be performed regardless of the cat's sex or medical condition including pregnancy & cryptorchid, I understand the veterinarian can refuse to perform any procedure on any animal for any reason, and such refusal is at the discretion of the veterinarian. _____ (Initial)

GENERAL ANESTHESIA:

A catheter is mandatory for extended surgical procedures & geriatric patients. Pre-Op bloodwork is always recommended. _____ (Initial)



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ADDITIONAL CHARGES CONSENT:

If your pet has fleas, ear mites, tapeworms or mange/scabies, it is hospital policy for us to treat your pet at an additional charge. _____ (Initial)

REQUEST & CONSENT FOR VACCINATION:

Although the benefits of pet vaccination far outweigh the risks, certain events, some potentially fatal, can be associated with vaccines. Some of these may appear when your pet is vaccinated or occur within 48 hours. However, vaccine reactions are relatively rare. A partial list of adverse reactions which may be associated with vaccination follows: fever (low grade 24-48 hours after vaccination), soreness at injection site, sore joints, vaccine site lumps, vaccine site tumors, and anaphylaxis (acute allergic reaction, i.e. hives, facial swelling, vomiting) which can be potentially fatal if not treated. I request to have my pet vaccinated. I have read and understand the materials provided to me. I understand that serious complications other vaccination may occur, and I will not hold CEI Clinic liable for any fees or charges incurred as a result. _____ (Initial)

AUTHORIZATION TO PROVIDE CARE, ESTIMATE AND TERMS FOR PROCEDURES:

The estimate (formal estimate attached/provided) only approximates the cost of this visit. I have reviewed and hereby authorize Cats Exclusive, Inc. to perform said procedure(s), therefore, assume responsibility for all charges incurred for the care of my pet and that they are to be paid at the time of release of my pet. Please note, Cats Exclusive, Inc. will file abandonment charges should you fail to pick up your feline/canine after said surgery.

BROWARD COUNTY RABIES TAG CONSENT: (DOES NOT APPLY TO FERAL/TRAP NEUTER RELEASE CATS):

By law, all household cats are to have a rabies tag. If your cat is getting vaccinated for rabies today, it is required by County law to purchase a tag. Please fill out below if you would like to purchase a tag.

FELINES: () YES, I would like to purchase a rabies Tag for \$20.00

FELINES: () NO, I decline a Rabies Tag

I understand that by declining a rabies tag I could be fined up to \$300.00 by Broward County. I will not hold CEI Clinic liable for any fees or charges by declining a tag.

(ONLY SIGN IF YOU DECLINE TAG)

Date: _____

Cat/Dog #: _____

Date: _____

Signature: _____

Date: _____

I hereby authorize the Veterinarian to examine, prescribe for, and/or treat my pet(s).
 I assume responsibility for all charges incurred for the care of my pet(s), and that these charges are to be paid at the time of release; i.e., a deposit may be required if surgical treatment or extended hospitalization is necessary for the welfare of my pet.

Authorization for General Care and/or Surgical Treatment and Promise of Payment

PLEASE SIGN BELOW

Name of Pet: _____	Name of Pet: _____	Name of Pet: _____
Estimated Age: _____	Estimated Age: _____	Estimated Age: _____
Breed: _____	Breed: _____	Breed: _____
Sex: <input type="radio"/> Male <input type="radio"/> Female	Sex: <input type="radio"/> Male <input type="radio"/> Female	Sex: <input type="radio"/> Male <input type="radio"/> Female
Neutered/Spayed? <input type="radio"/> Yes <input type="radio"/> No	Neutered/Spayed? <input type="radio"/> Yes <input type="radio"/> No	Neutered/Spayed? <input type="radio"/> Yes <input type="radio"/> No
Color & Markings: _____	Color & Markings: _____	Color & Markings: _____
<input type="radio"/> Longhair <input type="radio"/> Shorthair	<input type="radio"/> Longhair <input type="radio"/> Shorthair	<input type="radio"/> Longhair <input type="radio"/> Shorthair
Any vet care in the last 12 months? Where? _____	Any vet care in the last 12 months? Where? _____	Any vet care in the last 12 months? Where? _____

NAME & INFO FOR PET(S) BEING SEEN TODAY:

Your Name _____ Street Address _____
 Home Phone _____ Email Address _____
 Cell Phone _____

NEW CLIENT/PET and/or UPDATE INFORMATION

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