



Cat Clinic of Lafayette  
119 ½ Arnould Blvd, Lafayette La. 70506  
337-777-Meow  
6369

Info@catclinicoflafayette.com

### Grooming Consent Form

Owner's Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

May we post pictures of your cat on Facebook or Instagram?  Yes  No

Best Person to Contact/Relationship to Cat: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact/Relationship to Cat: \_\_\_\_\_ Phone: \_\_\_\_\_

May the alternate contact person make decisions regarding your cat on your behalf? Yes No

Grooming Disclaimer: Please note that during grooming scrapes and cuts can occur no matter how careful we are. Cats in general have thin skin that can tear easily especially in senior/geriatric cats. We will do our best as always to "do no harm" and in the event that a scrape or cut occurs, we will bring to your attention and treat anything deemed necessary during that office visit. We do not have a professional groomer on staff but our staff does take pride in making your cat look and feel better than when they came in. If you are giving us permission to proceed, please initial. \_\_\_\_\_

#### For Your Cat's Health

**Vaccination Policy:** To ensure the protection of all cats and humans in our facility, all cats must be up to date on his/her Rabies vaccine and FVRCP vaccine (a vaccine that protects against 3 different gastrointestinal/upper respiratory viruses). If you are unable to provide proof of vaccination, we will require you to update those vaccinations in accordance with this policy as long as your cat is deemed healthy enough for vaccination. An exam fee will be charged in addition to vaccinations unless there is a current promotion. If your cat has had an allergic reaction to a vaccine prior, please provide records from a previous veterinarian. This is for the safety of other cats, our staff, and you/your family. **Please initial next to the following that pertain to you.**

\_\_\_\_\_ My cat is up to date on vaccines and I have presented the records from a previous veterinarian.

\_\_\_\_\_ I think my cat is up to date on vaccines and will present evidence of this prior to discharge.

\_\_\_\_\_ My cat is not up to date on his/her Rabies & FVRCP vaccine. Because both of these vaccines are considered core vaccinations by the American Association of Feline Practitioners and required by Cat Clinic of Lafayette in order to receive ancillary services, I agree to have my cat updated and will assume the cost of the exam fee and vaccine fee(s).

#### **External Parasites:**

If your cat has fleas or other external parasites such as ticks, scabies, etc., he or she will be treated at your expense (\$17 for a capstar tablet to instantly kill fleas- if other parasite, other therapies will be required).

**Type and Date of last flea prevention applied?** \_\_\_\_\_

**If not currently on flea prevention, may we apply the product of your choice?** \_\_\_\_\_

**Medical Illness Policy:** If your cat(s) becomes ill, we will call the number(s) listed above regarding your cat's symptoms, treatment options and estimate of additional costs. If no one can be reached, your cat will be treated as deemed best by the doctor and you will assume full responsibility for the treatment expense involved.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Special Requests

For pricing, please ask and we would be happy to update your treatment plan/estimate.

<b>Yearly</b>	Annual Exam   Rabies   FeLV   FVRCP   Fecal Yearly Wellness Labs (Young Adult or Senior- please circle)												
<b>Grooming</b>	<div style="text-align: center;">                     Bath      Belly Shave                      Nail Trim    Sanitary Clip (Pants trim)                      Brush Out    Lion Cut      De-Mat                 </div> <p style="text-align: center;">Please write a brief description of your main expectations for today:</p>   <p>Please circle the area of most concern; In the event that we cannot contact you in the time we have set aside for your cat's grooming needs, we want to assure we are addressing your top concern:</p> <div style="text-align: center;"> </div>												
<b>Lion Cut</b>	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;"><u>Mane:</u></td> <td>Short</td> <td>Medium</td> <td>Long</td> </tr> <tr> <td><u>Boots:</u></td> <td>Short</td> <td>Medium</td> <td>Long</td> </tr> <tr> <td><u>Tail:</u></td> <td>Full</td> <td>(totally fluffy)</td> <td>Poof (lion tail)</td> </tr> </table>	<u>Mane:</u>	Short	Medium	Long	<u>Boots:</u>	Short	Medium	Long	<u>Tail:</u>	Full	(totally fluffy)	Poof (lion tail)
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<b>Sedation</b>	<p>Cats that are agitated or scared will be at more risk for an uneven grooming or in worse scenarios cuts during a groom without sedation. Cats with severe arthritis or severe hair matting may be too painful to groom without sedation.</p> <p>If the need arises, do we have permission to give your cat a mild sedative?</p> <p style="text-align: center;">Yes      No</p> <p style="text-align: center;">If yes, please read and initial below.</p>
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## Sedation Consent

With advancements in feline anesthesia, short term sedation/injectable anesthesia has minimal risk in most cats. The procedures and the agents used vary considerably depending on several variables including the age and medical history of your cat, and on the length and type of procedure being performed. However, no procedure is without risk. If your cat has an underlying condition that is not detectable on physical exam or blood work, there could be unforeseen complications and in a rare but worst scenario, death can be the result. By initialing, I understand the risks of sedation and agree to move forward if necessary for the comfort of my cat and safety of my cat's caretakers. \_\_\_\_\_

Most, but not all of these risk factors can be determined by a physical examination and pre-anesthetic blood testing. In the event that your cat requires sedation or you have elected sedation, do we have your permission to pursue pre-anesthetic blood work prior to doing so at your cost (Pre-Anesthetic Panel {PAP}- \$39.50)? In cats older than 10 years of age, PAP is required at least within 6 months at time of sedation.      **Yes**      **No**

**AUTHORIZATION: By signing below, you are verifying that:**

- I am the owner or agent for the owner of the above documented cat.
- I understand that I am to pay in full when services are rendered.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_