

PLEASE READ CAREFULLY AND COMPLETE ENTIRELY

Patient Name: _____ **Owner:** _____

1. What procedure is the patient here to receive? Be as specific as possible. (For tumor/mass removals please list location(s) and # of masses to be removed.)

Would you like to add any additional services?

Nail Trim \$15.00 (Y) (N)
Microchipping \$49.99 (Y) (N)

2. Has the patient eaten **ANY** FOOD /TREATS since 8pm last night? (Y) (N)

If yes, When is the last time the patient had ANY food/treats?

3. Was the patient given any medications this AM? (Y) (N)

If yes, Please list the medication, dosage, and time the medication was given.

Was this medication given with food? (Y) (N)

4. The veterinarian may call while the patient is under anesthesia if he/she has questions or feels there is a medical reason to do so. It is VERY IMPORTANT that we have a working number for the person responsible for making decisions for this patient and that you be available if we call.

If you are NOT reachable at the time of contact you request our veterinarian to take one of the following actions:

- Proceed as he/she deems medically necessary. _____ ***(Initial)***

OR

- Do not proceed without prior consent (perform only the procedure(s) listed on the treatment plan (estimate). If you cannot be reached, the veterinarian may have to take the patient off anesthesia without further procedures being performed. _____ ***(Initial)***