

Beltsville Veterinary Hospital - Surgical/Treatment Drop Off Form

Owner's Name: _____ Date: _____

Pet's Name: _____

*What procedure/procedures is your pet scheduled for today?

- | | | |
|---|--|--|
| <input type="checkbox"/> Spay | <input type="checkbox"/> Growth Removal | <input type="checkbox"/> Cauterize Nails |
| <input type="checkbox"/> Neuter | <input type="checkbox"/> X-Rays | <input type="checkbox"/> Front Foot Declaw |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Heartworm Treatment | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Grooming (Please Explain): _____ | | |
| <input type="checkbox"/> Other (Please Explain) | | |

*Was your pet fasted? (Please circle) Yes No Time/Date of last meal: _____

*Please list any medications your pet is currently taking

Medication(s)	Instructions	Last date & time given	Next dose due

*Please list any medication(s) or food your pet is allergic to.

By checking the following treatment options, I give permission to Beltsville Veterinary Hospital to perform any or all options I have checked.

- | | |
|--|--|
| <input type="checkbox"/> X-Rays | <input type="checkbox"/> Pre-Anesthetic Bloodwork * |
| <input type="checkbox"/> Sedate | <input type="checkbox"/> Tooth/Teeth Extractions (If here for a dental)** |
| <input type="checkbox"/> Anesthetize | <input type="checkbox"/> Extractions of Deciduous Teeth (Remaining baby teeth) |
| <input type="checkbox"/> Microchip (HomeAgain) | <input type="checkbox"/> Biopsy (If here for Growth Removal or Exploratory) |

*Same day bloodwork is available at an additional fee. Recommended for Spays and Neuters to establish a baseline.

**We understand your concern regarding the possibility of your pet(s) needing teeth extracted. However, the doctors will use their best professional opinion regarding which teeth are too diseased to remain. If you request we call you before we extract teeth, you must be aware that there is an increased risk and cost with prolonged anesthesia. If you do not answer when we call, the doctor will proceed with the treatment they believe is in the best interest of your pet.

Owner's Signature: _____ Date: _____

Please read and fill out page 2

Please read both options below before signing one.

Should an emergency situation arise during my pet's surgery, I give permission to Beltsville Veterinary Hospital to perform any emergency procedure(s) deemed necessary by the attending physician to save my pet's life. By signing below I not only give permission to treat in an emergency, I understand that I will be financially responsible for any emergency procedures performed on my pet.

Signature: _____

Date: _____

OR

Should an emergency situation arise during my pet's surgery, I decline any emergency procedure(s) deemed necessary by the attending physician to save my pet's life.

Signature: _____

Date: _____

Contact information:

The persons listed below have my permission to make decisions about my pet's health in my stead if I am not available. The primary contact will be contacted first for all updates and/or possible emergencies. The alternate contact will only be called in an emergency situation if the primary contact cannot be reached.

<u>Name of Primary Contact (Your Name)</u>	<u>Primary Contact's Phone Number:</u>	<u>Alternative Phone Number</u>
<u>Emergency/Alternate Contact Name(Someone other than you)</u>	<u>Alternate's Phone Number</u>	<u>Alternative Phone Number</u>

Comments/ Questions

Please note

For the protection of your pet and all other pets in our care, at your expense, we will treat for live fleas if they are found on your pet.

Beltsville Veterinary Hospital is not a 24 hour facility. Spays and various other surgeries will stay overnight. They will be able to go home the following day after a doctor discharges them. We recognize your concern in leaving your pet(s) overnight. In doing so, we are able to assess and manage pain and nausea with fast acting injectable medications as well as keep them quiet and comfortable in their own kennel area. Should complications arise and we believe it would be in your pet's best interest to be monitored overnight, we will refer you to a local 24 hour emergency hospital.

Payment in full is due at the time of pick up for ALL procedures.

Owner's Signature: _____

Date: _____