

Surgical/Treatment Drop Off Form

Owner's Name: _____ Date: _____

Pet's Name: _____

What procedure is your pet scheduled for today?

- | | |
|---|--|
| <input type="checkbox"/> Spay/Neuter | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Microchip (HomeAgain) |
| <input type="checkbox"/> Growth Removal | <input type="checkbox"/> Other: _____ |

Was your pet fasted? Yes No Date and time of last meal?: _____

Have there been any changes to your pet's health since their last visit or bloodwork review?
 No Yes: Please Explain:

Please list any medications your pet is currently taking:

Medication(s)	Instructions	Last given	Next due

Does your pet have any known food or drug allergies/sensitivities? If yes, please list:

All surgical procedures:

I understand that sedation and/or anesthesia is required for all surgical procedures and give permission to Beltsville Veterinary Hospital to administer at their discretion.

Signature: _____

If here for a dental:

Full mouth dental x-rays will be taken to assess the dental health below the gum line once the dental calculus has been removed.

I consent to any tooth/teeth extraction(s) deemed necessary by the attending veterinarian.

Initial: Yes: _____ **No. I request a call before extractions: _____

**Please note that if we are unable to reach you to discuss your pet's needed extractions while they are anesthetized, no extractions will be performed during this procedure.

If here for a growth removal:

I would like to have the sample submitted for biopsy: (Initial) Yes: _____ No: _____

Please read both options below before signing one

Should an emergency situation arise during my pet's treatment, I give permission to Beltsville Veterinary Hospital to perform any emergency procedure(s) deemed necessary by the attending veterinarian to save my pet's life. I understand that I will be financially responsible for any procedures performed on my pet.

Signature: _____ Date: _____

OR

Should an emergency situation arise during my pet's surgery, I decline any emergency procedures deemed necessary by the attending veterinarian 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 if I am not available. The primary contact will be contacted first for all updates and/or emergencies. Alternate contact's will only be called if the primary cannot be reached.

Name of Primary Contact Primary Contact Phone Number Alternative Number

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Name of Emergency Contact Emerg. Contact Phone Number Alternative Number

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Questions/Concerns:

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.

Owner's Signature: _____ **Date:** _____