

Small Animal Surgery Check-In and Consent Form

To provide the safest anesthesia for your pet's surgery we need to have information provided by you. The answers to these questions and our physical exam findings will allow us to reduce the risk to your pet.

1. Has your pet's activity changed over the past three days? Yes No
2. Is your pet's appetite normal? Yes No
3. When did your pet last eat? _____
4. Are the Rabies and Distemper shots up to date? Yes No ----- **Your pet must be current on vaccinations before elective surgery/procedures will be performed.**
5. Does your pet have any of the following problems?
Sneezing, Coughing, Nasal discharge, Vomiting, or Diarrhea _____,
If yes, which problem(s) and how long has the problem been occurring? _____
6. Is your Dog or Cat pregnant or in heat? Yes No

➔ **To prevent the spread of parasites (fleas, ticks, mites, and worms) and for the better health of your pet, it is the policy of this clinic to treat noticed infestations at the owner's expense.**

I understand that all surgeries carry inherent risks including, but not limited to: anesthetic death and post-operative complications (including hemorrhage, infection, vomiting, incisional problems, death). I understand that all procedures are performed on a "best effort" basis, but desired results are not always obtained. I further understand that during the course of operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures or treatments.

Signed _____ Date _____ Pet's Name _____

Phone number where we may reach you today if the need arises _____