



Locke A. Taylor D.V.M. and Associates
2801 North Parham Road
Richmond VA
(804) 308-1384

Weight

Surgery Sign In Sheet -

Name:
Test Test

Pet Name:
Anesthesia Monitoring Form

Confirm your Contact Information

- Home: (555) 555-5555
- Cell: (555) 555-5555
- Work: (804) - ext:
- Other:

Write procedure(s) to be performed today here:

Species: Canine	Sex: M
Breed: Pekapoo	Weight: 0lbs.
Color:	Age: 3 years and 5 months old

Has Anesthesia Monitoring Form had anything to eat today? YES NO

DENTAL CLEANING: Commonly during routine cleaning, we find teeth in need of extraction. We only extract teeth if they are not viable and the extraction will improve the oral health of your pet. All extraction are done at the discretion of the doctor and will be performed without prior notification. Dental Xray are required for any extraction. _____ Initial

ANESTHETIC SAFETY: We base our anesthetic protocol on the pet's age, general health and procedure your pet is undergoing. We perform pre-surgical blood work on all dogs over 5 and all cats over 7. Baseline pre-surgical panel can be requested. Would you like pre-surgical blood work? YES NO

GROWTH REMOVAL: Please be sure to clearly identify the location of the growth you wish to be removed to the check in nurse. A biopsy review by a pathologist will help provide an accurate diagnosis as well as determine future treatment. Would you like the growth sent out for review? YES NO

MICROCHIPPING provides positive identification of your pet if lost. We recommend implantation while under anesthesia. Would you like your pet microchipped: YES NO

Write additional comments for the Doctor:

Virginia PMP regulation requires the owners date of birth for any controlled drugs sent home for your pet. Please complete the OWNERS date of birth.

Continuous care is provided during office hours. M & W 8:30am - 8:00pm, T,Th & Fri 8:30am - 6:00pm. Care is not provided outside of these hours. If necessary, arrangements will be made for you to transfer your pet to a continuous care facility. I have read the above and consent to the care of my pet.

Signature: _____