

SURGERY SIGN IN SHEET

TODAY'S DATE: _____

<u>NAME:</u>	<u>PET'S NAME:</u>	<u>DAYTIME NUMBER:</u>

PROCEDURE(S) TO BE PERFORMED TODAY:

HAS YOUR PET HAD ANYTHING TO EAT TODAY? YES NO

MOST PETS CAN GO HOME THE EVENING OF SURGERY. PLAN TO PICK UP YOUR PET AFTER 5PM UNLESS OTHERWISE INFORMED. DECLAWS STAY OVERNIGHT.

DENTAL CLEANING:

COMMONLY DURING A ROUTINE CLEANING, WE FIND TEETH IN NEED OF EXTRACTION. WE ONLY EXTRACT TEETH NECESSARY TO IMPROVE THE ORAL HEALTH OF YOUR PET. IF NECESSARY, ANTIBIOTICS MAY BE SENT HOME WITH YOUR PET.

TO INCREASE **ANESTHETIC SAFETY** FOR SURGERY AND DENTAL CLEANINGS, WE RECOMMEND PRE-SURGICAL BLOODWORK ON DOGS 5 YEARS AND OLDER AND CATS 7 YEARS AND OLDER. BLOODWORK CAN BE REQUESTED ON ANY AGE PET.

PLEASE PROVIDE PRE-SURGICAL BLOODWORK PLEASE DO NOT

PAIN RELIEF MEDICATION IS AVAILABLE FOR YOU PET POSTOPERATIVELY AND POST DENTALS (IF EXTRACTIONS ARE NECESSARY) FOR A MINIMAL FEE.

PLEASE PROVIDE PAIN RELIEF PLEASE DO NOT

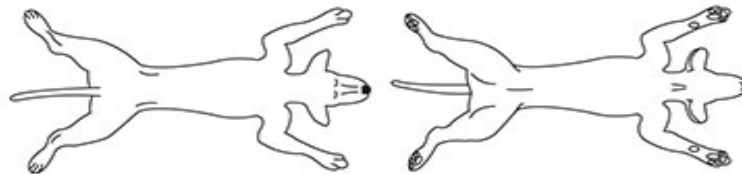
IF WE ARE **REMOVING A MASS**, PLEASE BE SURE TO CLEARLY IDENTIFY THE LOCATION AND INDICATE IF YOU WOULD LIKE TO HAVE THE MASS BIOPSIED. A BIOPSY WILL HELP PROVIDE AN ACCURATE DIAGNOSIS BY IDENTIFYING THE MASS. IF MASS IS HIDDEN BY HAIR, PLEASE HAVE A NURSE SHAVE AREA FOR IDENTIFICATION:

BIOPSY

NO BIOPSY

TOP

BOTTOM



CONTINUOUS CARE IS PROVIDED DURING OFFICE HOURS. M & W 8:30AM – 8:00PM. T, TH,& F 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 CARE OF MY PET.

_____ (Owner/ Agent) Please feel free to leave any additional comments on back.