

Did pet eat this morning?

Has pet had any allergies or vaccine reactions in the past?

Are we declawing the pet?

Are we removing dewclaws?

Does the pet have 2 testicles?

If the pet is pregnant can we continue with surgery?

Does the pet have an umbilical hernia?

May we repair?

Does the pet have retained teeth?

May we remove?

Does the pet need an e-collar?

Dentals: OK to extract teeth?

OK to take dental radiographs if indicated?

OK to apply Doxirobe if indicated?

Is pet currently on antibiotics?

When was last dose? _____

How many pills are left? _____

Growth Removal: Histopath?

Location of growths: _____

You may contact me TODAY at: _____

Alternative contact phone number: _____

I understand that anesthesia is a risk and authorize the above procedures. I understand that I will be contacted first if any changes in our discussed protocol occur.

Client Signature _____

