

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Best Contact Phone # (\_\_\_\_\_) \_\_\_\_\_ (For Today between 8AM and 12 Noon)

OtherPhone(\_\_\_\_\_) \_\_\_\_\_

All animals must have current annual physical exam, current vaccinations (Rabies, Distemper, Bordetella for dogs, and fecal exam) and free of external parasites (fleas and ticks) or they will be treated at owners expense.

- Spay (If in heat, additional charge)       Neuter (If cryptorchid, additional charge)       Declaw Front / All Four
- Dental (Extractions, additional charge)       Growth Removal (Mark growths to be removed on back of this sheet)
- \_\_\_\_\_

Has your pet gone to the bathroom this morning?  Yes       No

### Recommended Pre-Surgical Blood Work

Idexx CBC/Comprehensive/Lytes  
 Complete Blood Count  
 Complete Organ Profile:  
 Kidney Profile (BUN, Phosphorus, Creatinine)  
 Liver Profile (ALT, Bilirubin, ALKP, Cholesterol)  
 Diabetic & Pancreas Profile (Glucose, Amylase)  
 Calcium (Indicates some tumors & endocrine system)  
 Total Protein & Albumin (Indicates acute/chronic disease)

**Cost \$178.68**

I want this blood test:      **CBC/Comprehensive/Lytes** \_\_\_\_\_      **Outside Lab on** \_\_\_\_\_

I decline the recommended blood work and request that you proceed with anesthesia. \_\_\_\_\_ (Initials)

**Microchip Implant** - We can implant a small chip between the shoulder blades that will help in the safe return of a lost pet. Animal Control agencies and veterinary hospitals scan all lost pets brought through their doors. The cost is \$38.22.

Implant Microchip \_\_\_\_\_      Decline Microchip \_\_\_\_\_      Already Microchipped \_\_\_\_\_

I understand that anesthesia involves risks and hazards in addition to those involved with the recommended surgical, medical or diagnostic procedure. I realize that no guarantee or warranty can be made regarding the results or cure. I will be called at the number above should the doctor find the procedure(s) to be more involved or additional procedures to be required. If I cannot be contacted, I authorize the doctor to perform the necessary procedure. **I understand that full payment is required when the patient is discharged.**

Signature of owner/agent \_\_\_\_\_

Updated 10/16

Hospital Use	2	3	4	5	6
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If your pet is having growths or lumps removed, please note on the following diagram where the growths you want removed are located.

