



Surgical Drop-Off Form

Important Surgical Information

Date/Time of Scheduled Surgery Date: _____

What procedure is being performed?

____ Spay

____ Neuter

____ Dental Cleaning

____ Mass Removal

____ Ortho Surgery

____ Urinary Procedure

____ Wound Repair

Other: _____

If needed, please be more specific here.

Pet Name: _____

Pet Name affiliated with rescue group if foster or adopted? _____

Owner or Foster Parent Name: _____

Are you:

____ An owner

____ A foster

What rescue group are you affiliated with? _____

Primary Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Pre-Surgical Medical Information

Does your pet suffer from seizures, heart problems, vaccine allergies, or medication allergies?

____ Seizures

____ Heart Problems

____ Vaccine Allergies

____ Medication Allergies

____ None of the above

Please explain further if you chose any of those concerns.

List any medications that your pet is currently taking.

***Please remove food and water at bedtime the night before scheduled procedure.**

***Do not offer any food or water the morning of the procedure, unless directed by Veterinary Team.**

***Only give medications as directed by Veterinary Team.**

Requests?

Do you feel that your pet requires a sedative to be prescribed during the recovery period?

Yes No

An e-collar, (cone of shame, lampshade) is highly recommended with most surgical procedures. Will you need to purchase an e-collar for your pet? \$28.82 = Cost w/ tax.

Yes No

Do you need an estimate for your pet's procedure?

Yes No

Not all dental problems can be diagnosed during the pre-surgical exam and while the pet is awake. Often times the pet must already be sedated or under anesthesia before the mouth can be fully examined.

Therefore it may not be known ahead of time that your pet would require any additional dental services while under our care.

In an effort to not keep your pet sedated or under general anesthesia longer than necessary, it is imperative that you are able to be easily contacted to discuss your pet's dental needs while there are here with us.

If a dental cleaning is being performed and extractions are necessary, would you like to be contacted prior to extractions? (Extractions price range depending on the ease of difficulty) (\$15-\$125 each)

Yes

No

N/A

Additional Services & Products

Does your pet need any additional services while under our care?

Nail trim (\$19)

Ear Hair Removal (\$17)

Microchip (\$35 + Tax)

Ear Flushing (\$39)

Anal Gland Expression (\$32)

Sanitary Clip (\$15)

Do you need to pick up any of these products while your pet is here?

Heartworm Prevention

Flea and Tick Prevention

Aloe/Oatmeal Shampoo 16 oz.

Medicated Alkaline Ear Flush

Krill Joint Support Chews

CET Dental Chews

Consent & Release

I understand:

The nature and purpose, risks involved, and possible complications that could arise.

There are no guarantees or assurances of the outcome of said procedures.

That while the anesthetic used in the hospital is one of the best used in veterinary medicine, NO anesthesia is without medical risk.

I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

I release Pressly Animal Hospital, PLLC, and its associates from liability if something unforeseen were to occur. Should an emergency arise, calling for procedures in addition to, or different from those agreed upon that such procedures will be performed.

I have reviewed the above material and am comfortable with allowing my pet to stay here for the discussed procedures. I have had all my questions answered and fully understand the procedures to be performed and the risks that may go along with them. I hereby state that under no penalty or perjury that I am the owner/agent and do authorize Pressly Animal Hospital, PLLC to perform said procedures.

Today's Date: _____