

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

### PROCEDURE DROP-OFF FORM

Please leave a number where you can be reached at any time today should the doctor need to speak with you.

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

Procedure being performed today: \_\_\_\_\_

Any additional services: \_\_\_\_\_

Has your pet had anything to eat today? Yes  No  If so, how much? \_\_\_\_\_

Please list all medication(s) your pet is currently taking and when the last dose was given:

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

**FOR DENTALS ONLY:** Owner pre-approves any necessary extractions Yes  No

#### FOR SPAY ONLY:

Please check any of the following that apply to your pet's *current* condition or behavior.

- Swollen Vulva
- Bloody vaginal discharge
- Restlessness, pacing, whining
- Decreased appetite
- Frequent urination
- Receptive to males or attacking males
- "Flagging" posturing with tail to side for male to mount

If **X-Rays** are necessary for treating your pet today, do we have your permission? Yes  No

If **blood work** is necessary for treating your pet today, do we have your permission? Yes  No

If **sedation** is necessary for treating your pet today, do we have your permission? Yes  No

#### ANESTHESIA RELEASE:

I understand that the doctors and staff of Companion Animal Clinic will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some risk to my pet and will not hold the doctors and staff responsible under any circumstances. I understand that I assume all risks.

I give permission for my pet to be treated as described above and agree to be financially responsible.

\_\_\_\_\_  
Signature of Owner or Guardian