Valley Veterinary Clinic

General Surgery Check-In

Your pet is here for general surgery (specified below). Please answer the following questions in relation to the procedure. Thank you.

Client Signature:

Date:_____

1. My pet is here for the following procedure(s):	Lump Location	
2. If any, what medications is your pet on?		
3. Has your pet eaten today? No Yes when?		BELLY UP
4 We highly recommend having blood work performed prior to anesthesia. This gives us information regarding your pet's overall health, gives us a baseline of normal values to compare to in the future, and helps detect early signs of disease such as diabetes or kidney issues. Would you like a pre-anesthetic blood panel performed on your pet today? (cost: \$59.00). Yes No	BELLY DOWN	RIGHT SIDE
For Lump Removals Only: If the doctor recommends histopathology to determine if a lump is cancerous, would you like this done at an additional charge? Yes No	LEFT	Γ SIDE
5 Do you have any other questions or concerns that you would like checked on your pet today? Please note, you may be charged an exam f	îee.	
6 Would you like your pet to have a nail trim today (no charge)? Yes	No 🗆	
7 If your pet is due for vaccinations, would you like us to give them too	lay? Yes No	
DAPP: FVRCP/Felv: Lepto: Rabies	: Bordetella:	l
Sedation and or anesthesia is necessary for the comfort and safety of your pet. Veterinary Clinic uses only safe and approved sedatives and anesthetics, I also anesthetic is risk free . With that knowledge, I hereby authorize Valley Veteri the above mentioned animal if required for the procedure(s) described above. Veterinary Clinic from any and all claims, except claims for negligence, arisin performance of the requested care and / or treatment.	o understand that no sedat nary Clinic to sedate or ane. I also release the staff of Va	tive or sthetize lley