

# Valley Veterinary Clinic

## Spay/Neuter Check-In

Patient Label

Your pet is here for a spay/neuter. This includes a pre-surgical examination, general anesthesia, surgery, and pain medications during and after the procedure. Please answer the following questions in relation to the procedure. Thank you.

1. My pet is here for the following procedure(s):

2. If any, what medications is your pet on?

3. Has your pet eaten today? No  Yes  if so, when \_\_\_\_\_

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

- **For cats only:** FELV/FIV are two immunosuppressive, highly contagious, viruses spread from cat to cat or mother to kitten. We highly recommend testing prior to surgery. Would you like your cat tested today? (cost: \$44.50) Yes  No  My cat has already been tested

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 fee.

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 today? Yes  No

DAPP:  FVRCP/Felv:  Lepto:  Rabies:  Bordetella:

**For Spays Only:** If your pet is pregnant, do you still want her spayed? There may be an additional charge. Yes  No

Sedation and or anesthesia is necessary for the comfort and safety of your pet. While I understand that Valley Veterinary Clinic uses only safe and approved sedatives and anesthetics, **I also understand that no sedative or anesthetic is risk free.** With that knowledge, I hereby authorize Valley Veterinary Clinic to sedate or anesthetize the above mentioned animal if required for the procedure(s) described above. I also release the staff of Valley Veterinary Clinic from any and all claims, except claims for negligence, arising out of or connected with the performance of the requested care and / or treatment.

Client Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_