## 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.

procedure. I nank you.		Patient Label
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 [	when?	
4 We highly recommend having blood work persanesthesia. This gives us information regarding thealth, gives us a baseline of normal values to confuture, and helps detect early signs of disease surkidney issues. Would you like a pre-anesthetic be performed on your pet today? (cost: \$89.50).  For Lump Removals Only: If the doctor recommendate histopathology to determine if a lump is cancered this done at an additional charge? Yes Normal Norma	your pet's overall ompare to in the ch as diabetes or lood panel Yes No namends ous, would you like to hat you would like	Lump Location  BELLY UP  BELLY DOWN  RIGHT SIDE
6 Would you like your pet to have a nail trim too Yes No	day (no charge)?	LEFT SIDE
7 If your pet is due for vaccinations, would you them today? Yes No	like us to give	
Sedation and or anesthesia is necessary for the comformal Clinic uses only safe and approved sedatives and ane With that knowledge, I hereby authorize Valley Veter required for the procedure(s) described above. I also except claims for negligence, arising out of or connecess.	sthetics, <b>I also understa</b> inary Clinic to sedate or release the staff of Valley	nd that no sedative or anesthetic is risk free. anesthetize the above mentioned animal if Veterinary Clinic from any and all claims,
Client Signature:	Phone:	Date: