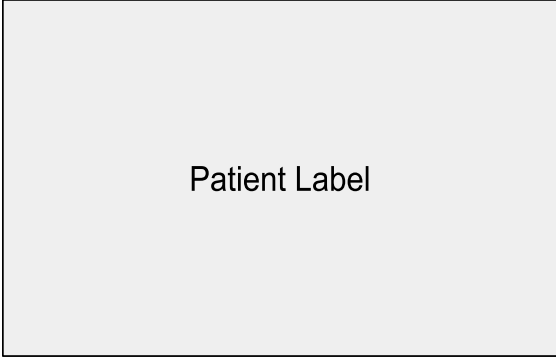


Valley Veterinary Clinic

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.



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 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: \$135.00). Yes No

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? (cost: \$165.00) Yes No

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

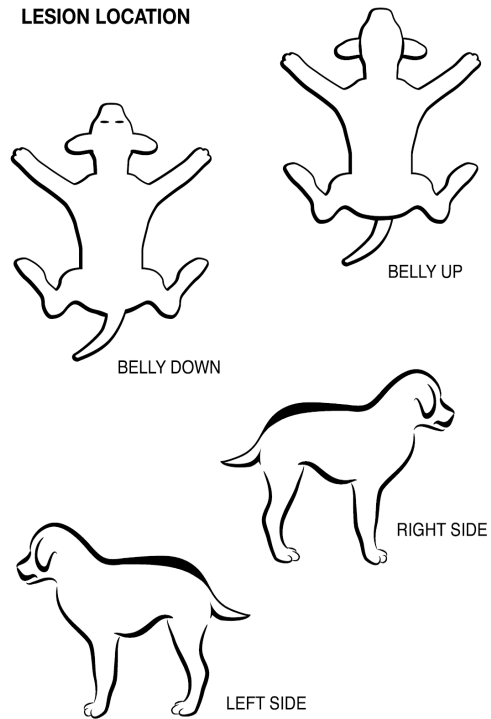
7 If your pet is due for vaccinations, would you like us to give them today? Yes No

****If records are not provided at the time of drop off or before, and yes is marked we will give all core vaccinations. (Dogs: Dapp-L, Rabies // Cats: FVRCP-Leuk, Rabies)****

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.

Lump Location

LESION LOCATION



Client Signature: _____

Phone: _____

Date: _____