



## PROCEDURE DROP-OFF FORM

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

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

Please leave number(s) where you can be reached at any time today:

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

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

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

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: \_\_\_\_\_

Would you like us to implant a Home Again Microchip?  Yes  No

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

*If Veterinarian is unable to reach you prior to extractions, he or she will make appropriate medical decision(s) regarding removal of tooth/teeth, so procedure may continue.*

*\*Pre-anesthetic blood work is required for all surgical patients\**

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

**If x-rays are 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 at NVVA will use all reasonable precautions 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.

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Signature of Owner or Guardian