

SURGERY CHECK-IN

Your Name _____ Your Pet's Name _____

Today's Phone # _____ Emergency # _____

Would you like to be called after the procedure is finished? Y___ N___

Has your home address/phone # changed? _____

Did your pet eat this morning? Y___ N___

Has preanesthetic blood testing been done? Y___ N___

Procedure requested: Spay _____ Neuter _____ Hip Dysplasia X-ray _____

Declaw- Front Only _____ Front & Back _____ Growth Removal _____ Dentistry _____

Would you like your pet microchipped? Y___ N___

Other _____

I hereby authorize the above described surgery, treatment, or services. I, the undersigned, do hereby certify that I am the owner or authorized agent of this animal and understand that this account is payable upon release.

Signature _____ Date _____