

Owner's Name: _____

Date: _____

Pet's Name: _____

PROCEDURE DROP-OFF FORM

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.

Signature of Owner or Guardian