

Owner's Name: _____ Date: _____

Pet's Name: _____

PROCEDURE DROP-OFF FORM

Please leave a number where you can be reached **at any time today** should the doctor need to speak with you.

() _____ () _____

Procedure being performed today: _____

Any additional services: _____

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: _____

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

Home Again Microchip? Yes No

If **X-Rays** are necessary for treating your pet today, do we have your permission? Yes No

If **blood work** is 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 of NVVA will use all reasonable precaution 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