

Surgery Form

Today's Date: _____

Owner's Name: _____

Phone Number(s) where you can be reached TODAY # _____

Pet's Name: _____ Your pet's Age: _____

Is your pet Male or Female? _____

Is your pet on any medications at this time? If so, please list all medications and frequency given:

Is your pet allergic to anything? If so, please describe:

Has your pet had any illness or seizures in the past? If so, please describe:

Has your pet been given food or medication today? **Please Circle one Yes or No**

If your pet needs to be given medications after the procedure which do you prefer to give:

- Liquid
- Pills/Tablets

Reason for Surgery (check all that apply):

- Spay or Neuter surgery
- Microchip Identification with a surgical procedure
- Feline Declaw Surgery (Front paws only)
- Remove Baby (deciduous) Teeth
- Dental Cleaning with or without necessary tooth extractions
- Deep Ear Cleaning or other Ear surgery/procedure
- Mass or Tumor Removal
- Other procedures to be performed, as discussed with a Doctor:

Would you like to have any of the following services updated while your pet is in our care today?

- Heartworm Test Fecal evaluation
- Vaccinations
- Anal Gland Expression

- Nail trim

Authorization and Consent for Anesthesia/Surgery:

I have been given a financial estimate for the services my pet will receive, and agree to payment at the time the services are performed.

I understand that there are inherent risks with anesthetizing my pet, that complications and adverse reactions can arise, including, in some cases, death. Veterinary Clinic of Myrtle Beach's Doctors and trained staff members will take proper precautions to minimize these risks and make the procedure as safe as possible. I am the rightful owner of the pet named above, I understand the risks of the procedure, and give my consent.

Owner's Signature: _____

IN THE EVENT OF A MEDICAL CRISIS:

I wish for the doctors of the Veterinary Clinic of Myrtle Beach to perform **CPR** on my pet if he/she suffers respiratory or cardiac arrest. I understand that my pet may or may not respond to this life-saving procedure.

I understand that if my pet survives because of **CPR**, he/she may have permanent health issues.

CPR may cost up to \$300.00

I **DO NOT** want CPR performed on my pet. I understand that if my pet stops breathing, and/or his/her heart stops beating, that my pet will die. I elect to have **DNR** orders placed on my pet's record for his/her boarding stay.

Signature _____

Date _____

Would you like to pay for this invoice before coming to pick up your pet?

Yes or No

If yes please provide and email or cell phone number so we may send you the invoice to speed up your check out process.

Cell Phone Number _____

Or

Email Address _____