

1. _____

Dr. _____



**PERSIMMON CREEK ANIMAL HOSPITAL
PRE-OPERATIVE RELEASE**

Date: _____

_____ is here for the following surgical procedure:

SPAY NEUTER DENTAL MASS REMOVAL

OTHER PROCEDURE: _____

Has your pet eaten this morning? YES NO

Your pet is with us today for a procedure requiring anesthesia. Your pet will receive pre-operative bloodwork prior to anesthesia. The purpose of this lab work is to screen for any conditions that may not be evident by only a physical exam. If there are any issues found by this bloodwork, we may need to postpone the procedure. We do not offer dental radiographs at this time. If you would like a referral to a dental specialist, please let us know.

MICROCHIPPING:

If your pet is not already microchipped, this can be done while your pet is under anesthesia today. Would you like this done today? The cost is \$52.00.

ACCEPT DECLINE

MICROCHIPPED ALREADY SCAN FOR MICROCHIP

I certify that I am the sole owner with exclusive authority to make decisions, and I agree to the anesthetizing of my pet today for the above procedures, and understand that anesthesia has inherent risks including but not limited to death.

Owner's Signature: _____ Phone: _____

Would you like us to notify you via text when your pet wakes up from anesthesia?

Text message sent to: (_____) _____