

Beltsville Veterinary Hospital - Surgical/Treatment Drop Off Form

Owner's Name: _____ Date: _____

Pet's Name: _____

*What procedure/procedures is your pet scheduled for today?

- | | | |
|---|--|--|
| <input type="checkbox"/> Spay | <input type="checkbox"/> Growth Removal | <input type="checkbox"/> Cauterize Nails |
| <input type="checkbox"/> Neuter | <input type="checkbox"/> X-Rays | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Heartworm Treatment | |
| <input type="checkbox"/> Other (Please Explain) | | |

*Was your pet fasted? Yes No Date and time of last meal: _____

*Please list any medications your pet is currently taking

Medication(s)	Instructions	Last given	Next due

*Does your pet have any known food or drug allergies/sensitivities? If yes, please list:

*By signing below, I understand that sedation and anesthesia is required for all surgical procedures and give permission to Beltsville Veterinary Hospital to administer at their discretion and my expense:

Signature: _____

By checking the following treatment options, I give permission to Beltsville Veterinary Hospital to perform any or all options I have checked.

- Tooth/Teeth Extraction(s) deemed necessary by the veterinarian
- Removal of deciduous teeth(remaining baby teeth)
- Pre-Anesthetic Bloodwork *
- Microchip (HomeAgain)
- Biopsy (If here for growth removal)

*Same day blood work is available at an additional fee. Recommended for Spays and Neuters to establish a baseline.

**By signing below, I understand the doctor will use their best professional opinion regarding which teeth are too diseased to remain, and a request for contact before tooth/teeth extraction(s) increases risk and cost with prolonged anesthesia. I understand if I do not answer when called during the procedure, the doctor will proceed with the treatment they believe is in the best interest of your pet.

Owner's Signature: _____

Date: _____

****Please read both options below before signing one****

Should an emergency situation arise during my pet's treatment, I give permission to Beltsville Veterinary Hospital to perform any emergency procedure(s) deemed necessary by the attending veterinarian to save my pet's life. I understand that I will be financially responsible for any procedures performed on my pet.

Signature: _____ Date: _____

Should an emergency situation arise during my pet's treatment, I decline any emergency procedures deemed necessary by the attending veterinarian to save my pet's life.

Signature: _____ Date: _____

Contact information:

The persons listed below have my permission to make decisions about my pet's health in my stead if I am not available. The primary contact will be contacted first for all updates and/or possible emergencies. The alternate contact will only be called in an emergency situation if the primary contact cannot be reached.

Name of Primary Contact	Primary Contact Phone Number	Alternative Number

Name of Emergency Contact	Emerg. Contact Phone Number	Alternative Number

Questions/Comments:

Please note

For the protection of your pet and all other pets in our care, at your expense, we will treat for live fleas if they are found on your pet.

Beltsville Veterinary Hospital is not a 24 hour facility. Spays and various other surgeries will stay overnight. They will be able to go home the following day after a doctor discharges them. We recognize your concern in leaving your pet(s) overnight. In doing so, we are able to assess and manage pain and nausea with fast acting injectable medications as well as keep them quiet and comfortable in their own kennel area. Should complications arise and we believe it would be in your pet's best interest to be monitored overnight, we will refer you to a local 24 hour emergency hospital.

Payment in full is due at the time of pick up for ALL procedures.

Owner's Signature: _____

Date: _____