LEFLORE COUNTY VETERINARY CLINIC

Surgery Release Form Circle one: Canine/Feline

Client:_____ Phone Number_____

Patient:_____ Procedure: Dental AM___PM___

Date:_____ Admitted by:_____

To insure the safety of your pet, please answer the following questions:

1. Has your pet been off food and water for the last 8 hours? Yes No
2. Has your pet been on any medication? Yes No

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3. Pre-anesthetic blood test to check: Yes No

   Liver, Kidneys, Glucose Cost: $45

4. Any concerns about your pet's mouth? Yes No

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5. Is it okay to pull teeth, if needed? Yes No
6. Post-operative pain medication, if teeth are pulled? Yes No

   Canine: $10 Feline: $12

7. What vaccinations does your pet need?

Canine:	Da2pp	Feline:	FVRCP
	Rabies		FELV
	Kennel Cough		Rabies
	Lepto		

8. Does your pet need a toe nail trim? Yes No
9. Does your pet need any flea/tick or heartworm prevention?

Canine:	Bravecto	pkg		Feline:	Bravecto	pkg	
	Nexgard	pkg	single		Nexgard	pkg	single
	Nexgard Plus	pkg	single		Profender		single
	Interceptor	pkg	single		Comfortis	pkg	single

10. Does your pet need any other services or any other concerns addressed?

Signature _____