LEFLORE COUNTY VETERINARY CLINIC

Circle one: CANINE/FELINE SURGERY RELEASE FORM

CLIENT: _____

PATIENT: _____ **PHONE NUMBER :** _____

DATE: _____

PROCEDURE_____AM____PM__

Admitted by: _____ For Growth Removals: Histo YES NO

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

1. Has your pet been off food for last 8 hours? Yes No

2. Has your pet on any medication? _____ Yes No
   _____
   _____

3. Pre-anesthetic bloodtest checks:
   Liver, Kidneys, Glucose $ 45.00 Yes No

4. Post-operative pain medication cost?
   Canine $10.00 Feline $12.00? (Included in feline declaws) Yes No

   - Additional Post-operative pain medicine Yes No
     for feline declaws Onsior(tablets) $19

5. What vaccinations does your pet need?

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

Toe nail trim: Yes No

6. 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		Comfortis	pkg	single
	Interceptor	pkg	single		Profender		single

7. For males are both testicles present? Yes No

8. Does your pet have any other issues that need to be checked?

_____

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Signature_____