



Surgical Information Sheet

Client Name: _____

Address: _____

Patient Name: _____ Breed: _____

Age: _____ Weight: _____ Color: _____

Contact phone # _____ Primary contact person _____

Emergency Phone # _____ Emergency contact person _____

When was the last time your pet ate? _____

Is your pet on any medication? _____

If yes, give the name of the medication, dosage and last time administered. _____

What Surgery is your pet here for? _____

Special instructions _____

I hereby authorize performance of the above surgical procedure. The nature of such service has been described to me to my satisfaction and I realize that no guarantee no warranty can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for all services rendered, and that payment is due upon hospital discharge of my pet.

Signature of Owner or Authorized Agent: _____ Date: _____