



Patient Surgery Information Form

Patient Name: _____

Owner Name: _____

Phone Number: _____

What type of surgery is your pet scheduled for today?

Has your pet eaten or had water this morning? YES NO

Have you given your pet any medications today? YES NO

Is your pet having any additional issues the Doctor needs to know about?

Is your pet allergic to any medications that you are aware of? YES NO

Microchipping with Home Again for \$48 YES NO

*We recommend and encourage Pre-Operative bloodwork to ensure, to the best of our ability, that your Loved One has a safe and effective procedure and recovery.

Would you prefer pre-operative bloodwork with this procedure today? YES NO

In the event that emergency treatment is required and I cannot be reached, I authorize the doctors and staff at Helena Veterinary Clinic to perform medical and surgical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment has been made.

I accept financial responsibility for the treatment of the above named patient and understand that payment is due in full upon release of the animal from the hospital or when services are otherwise terminated. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required for an animal. In such cases, the hospital staff will attempt to estimate depending upon the extent of treatment required.

I understand that my pet is required to be up to date on vaccines, including but not limited to; Rabies, Bordetella, DAPP (canine), FVRCP (feline), and that Helena Veterinary Clinic will vaccinate your pet as needed to comply with this requirement.

Signature: _____ Date: _____