

King William Veterinary Clinic

Surgery Check-In Form

(804)769-3200

Owner's Name: _____ Pet's Name: _____

Contact Number: _____ Email: _____

There are two additional services we offer. Please either approve or decline.

We recommend Fluids during surgery to maintain blood pressure and to provide access for emergency drugs if needed. Fluids are optional for Spay/Neuter surgeries.

***Do you approve the administration of IV Fluids during surgery? \$60.00 [] Yes [] No**

We recommend one of the following blood work tests to determine your pet's organ status, in order to make the best medical decisions. For pets 8 years and older we highly recommend the CHEM 18. Blood work tests are optional for Spay/Neuter surgeries.

***Please choose one of the following options:**

[] CHEM 18, LYTE 4, PCV \$100.00

[] CHEM11 \$70.00

[] DECLINED Initials: _____

Please fill out the following information for quality service for your pet.

I understand that I am authorizing performance of the following Procedure/Surgery:

Has your pet received any prescription medication(s) today? [] Yes [] No

Please list the current medications your pet is receiving: _____

For Canines only: Has your pet ever tested positive for Heartworms or Tick borne diseases? [] Yes [] No

For Felines only: Has your pet ever tested positive for FIV or Feline Leukemia? [] Yes [] No

Please select any additional treatments you would like.

- Nail Trim (complimentary with Anesthetic procedures) Microchip and Registration \$60.00 (\$55.00 with Anesthetic procedures) Elizabethan Collar

May we feature your pet on our Facebook & Instagram page? [] Yes [] No

Furthermore, I understand that during the performance of the procedures(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary in the exercise of the veterinarian's professional judgement. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and hospital's control.

Signature: _____ **Date:** _____