



Veterinary Medicine & Surgery

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The Health and Safety of Your Pet is Our First and Foremost Concern

RECEPTIONIST: _____

Client Name/number: _____

Pet Name: _____ Pets Age: _____

Procedure(s): _____

There are inherent risks to anesthesia. In order to eliminate as many risks as possible we perform a blood profile and various testing to evaluate your pet's health and determine the safest anesthetic protocol. In addition, these results will serve as an excellent baseline value in the event that your pet should become ill in the future. If there is not proof of the following tests having been performed at a licensed veterinary hospital they will be performed, and charged for, prior to anesthesia today.

Date of Last Recorded:

- _____ Heartworm test date/Result: _____
- _____ HW prevention purchase. Type: _____
- _____ Fecal exam date/ Result: _____
- _____ Patients 0-6 years of age: Preanesthetic Panel (within 1 year)
- _____ Patients 7 years of age and over: Comprehensive PAP (within 6 mos)
- _____ Vaccinations
- _____ FeLV/FIV test date (felines) Result: _____

Additional testing needed today: _____

TECHNICIAN: _____

YES NO

- ___ ___ Has your pet eaten this morning?
- ___ ___ Any coughing, sneezing, vomiting, diarrhea?
- ___ ___ Is your pet on heartworm prevention?
- ___ ___ Is your pet on flea prevention?
- ___ ___ Is your pet on any other medications? If yes, what type: _____ Given today?
- ___ ___ Has your pet has a history of seizures?
- ___ ___ Canines only: Would you like your pet micro-chipped while he/she is sedated?
- ___ ___ Felines only: Is your pet exclusively indoors?
- ___ ___ Would you like a prescreening ECG?(esp. Dobermans, Boxers, and giant breeds)
- ___ ___ Would you like any other procedure done while your pet is sedated? _____

- ___ deciduous teeth present
- ___ rear dewclaws present
- ___ two testicles descended
- ___ external parasites
- ___ lacrimal ducts need flushing
- ___ umbilical hernia
- ___ Estimate prepared and signed

WEIGHT : _____

TEMPERATURE : _____

PRE-OP PAIN RELIEF: _____

CLIENT:

I hereby grant permission to Veterinary Medicine & Surgery to anesthetize my pet and am aware of the risks involved. I will not hold Veterinary Medicine & Surgery, the Doctors or the Staff liable for complications.

Date: _____ Witness: _____ Phone #: _____ Owner Signature: _____

Discharge: Post operative instructions and medications have been discussed with me, and I understand I will receive written instructions with my invoice. I am aware I can reach the on-call doctor by calling 438-1223 after hours should any concerns or questions arise.. Owner signature at discharge: _____