



SURGERY FORM

Date: _____

Pet name: _____ Owner name: _____

Procedure: _____

Additional Requests/Procedures: _____

Contact number for today: _____ Secondary contact: _____

All surgical procedures require general anesthesia. Anesthesia carries certain risks and potential complications. To minimize these risks, we require pre anesthetic blood work and IV catheters for all procedures involving general anesthesia.

Previous health concerns or problems: _____

Current Medications: _____

Vaccine Status: Current ___ Out of Date: ___ Date and Type Due: _____

All hospitalized and drop off patients must be current on vaccinations unless previously specified for medical reasons. This policy is for the protection of other patients. If my pet is not up to date, I agree to allow BAH to administer vaccinations if deemed necessary.

Flea Preventative: _____ Heartworm Preventative: _____

All hospitalized and drop off patients must be on flea preventative and heartworm preventative to decrease exposure of other hospital animals to fleas and intestinal parasites. If my pet is not on these preventatives, I agree to allow BAH to administer a preventative, if deemed necessary, at a minimal charge.

While your pet is under anesthesia, we can implant an identification **Microchip**. These chips have helped reunite thousands of lost pets. The microchips are pain free and do not cause any problems as your pet ages. We strongly recommend having all companion animals receive microchips for identification purposes. Yes ___ No ___

I have read and understand the above information. I give permission for the procedure and agree to full payment at completion of services.

Signature: _____ Date: _____

***Our staff will call you at completion of the procedure. Please do not feed your pet after midnight the night before the procedure.