

Pre-Operative Instructions

Your pet's surgery appointment is scheduled for:

DAY: _____ DATE: _____ at TIME: **0800 hours**

***NOTE: Make sure that you allow yourself plenty of time for check-in on the day of your pet's appointment. Check-in time is from 0800-0815 and you should plan to be in the clinic until 0845. If you arrive at the clinic after 0815 your pet's surgery **will** be rescheduled.

Please read through the following items and initial each line acknowledging that you understand the pre-operative instructions. If you have any questions regarding these items, please feel free to call us at 634-1362.

- _____ 1. Your pet must not have any food for 12 hours prior to the appointment. Water can be given until the morning of the appointment. Please be sure to put the trash out of your pet's reach.
- _____ 2. All cats must be in a kennel and all dogs must be on a leash when in the facility. We have limited kennel space, which is available on a first come-first serve basis. You may be required to provide a kennel should we run out of kennel space.
- _____ 3. If your pet is dirty or infested with parasites your pet's surgery will not be done. A bath should be given the day before the appointment. You may use flea shampoos containing Pyrethrins.
- _____ 4. Do not apply flea dips, powders or collars within 5 days of your pet's appointment. You may use flea spray containing Pyrethrins for pest control.
- _____ 5. If your female is in heat or pregnant then you will need to let the clinic know. These animals are at an increased risk for surgical complications such as blood loss and for this reason we may need to reschedule the appointment. Animals that are in heat or pregnant will be charged an additional fee.
- _____ 6. Surgeries will not be done on sick animals. Please do not bring in your pet if it is sneezing, wheezing, having trouble breathing or in any way appears to be in ill health. Please call 24 hours prior to cancel the appointment.
- _____ 7. Routine pick-up time is between 1600hrs—1645hrs. If your pet is not picked up by the specified pick-up time, then your pet will be kept overnight at an additional charge.
- _____ 8. Please inform the technician during check-in of any allergies, seizures or previous drug reactions that your pet may have suffered in the past.
- _____ 9. If your pet is taking medication, please list it below and ask for instructions regarding their use before the appointment. _____

***** This form, along with the Anesthesia Consent Form, must be filled out prior to your appointment. If not, your pet will be refused service and will need to be rescheduled. *****

Last Name: _____ Pet's Name: _____
Sponsor's Last 4: _____ Date: _____