

Watson Road Veterinary Clinic

Surgery - Client Drop Off Form

Date: _____ Client Name: _____

Phone Number: _____ Alternate Phone Number: _____

Patient Name: _____ Weight: _____

Breed: _____ Sex: _____ Age: _____ Color: _____

Watson Road Veterinary Clinic will use all precautions involved to minimize anesthetic and surgery risk and complications. I am aware of the inherent risk present with the use of drugs, anesthesia, or surgery. I also understand that complications can be due to pre-existing conditions that may not be evident from physical examination and/or bloodwork.

Services Before/During Procedure:

These services will be done every time a patient is under anesthesia and cannot be declined.

Pre-Anesthetic Bloodwork (CBC/Chem17)

Anesthesia

IV Catheter

Anesthesia Monitoring

Hospitalization

Nail Trim

Please provide initials next to services/procedure

_____ Procedure: _____

Histopathology - \$175: In the case of a growth removal, the doctor may recommend sending the growth to the laboratory for further diagnostics. A doctor may speculate on a diagnosis, but without confirmation from a lab, there is no way to accurately diagnose and treat your patient.

Additional Services:

Please provide initials next to additional services to be done for your pet.

_____ K-9 Adult Wellness Testing - \$195

_____ K-9 Senior Wellness Testing - \$250

_____ Heartworm Test - \$50

_____ FELV/FIV Test - \$70

Pain medications or antibiotics may be sent home for your pet's comfort and healing depending on the procedure. Cost will vary.

By signing below, I authorize Watson Road Veterinary Clinic to perform anesthesia, surgery, and the above initialized services.

Signature: _____ Date: _____

Phone Number: _____

WRVC Employee: _____