

Summers Ridge Veterinary Clinic

Owner's Name: _____

Patient's Name: _____

Phone Number : _____

General Surgery Form

I, the owner/agent of the above mentioned pet, hereby authorize the veterinarians and staff of Summers Ridge Vet Clinic to perform the following procedures:

1.) _____

2.) _____

3.) _____

Yes	No		Yes	No	
_____	_____	Pre Surgical Blood Screening	_____	_____	Dewormer
_____	_____	Pain Medication	_____	_____	Nail Trim (No charge)
_____	_____	RadioWave Surgery Unit	_____	_____	Felv/FIV Test
_____	_____	Laser Therapy	_____	_____	HWT/4DX _____
_____	_____	Vaccinations _____	_____	_____	Histopathology
_____	_____	Other requests: _____	_____		

Is your pet currently on a flea preventative? ___ Yes ___ No Product _____ Last Applied _____

Yes No
 _____ _____ Apply Frontline Plus/Revolution

If we find any abnormalities during examination before surgery, we will attempt to reach you by phone.

I authorize the staff of Summers Ridge Vet Clinic to perform the procedure(s) listed above, as well as those deemed necessary to treat life- threatening emergencies related to this care. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction, and cannot be held responsible for any unforeseeable results. I accept the conditions of treatment that this veterinary practice has explained to me and will provide for my pet. **I agree to pay for all services rendered at the time of my pets discharge.**

Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay all attorney's fees and collection expenses. All delinquent accounts shall accrue interest at the rate of 1.5% per month.

By signing below, I agree to the terms listed above.

Signature of Owner or Agent _____

Date _____

Office use

Misc notes: _____

Staff initial _____

Pick up time: _____

Weight: _____