



My Pet Is Having Surgery

This form is intended to expedite the check-in process for admitting your pet to surgery. There will still be a few things to discuss at the actual time of check-in. You will only use this form if your pet has a schedule surgery.

Owner's Name on Account at MVSAH: _____

Pet's Name on Account at MVSAH: _____

Surgical Procedure that is Scheduled: _____

Phone Number to Call with an Update after Surgery: _____

Is your Pet On Any Medications?: YES No

Will They Be On Any Medications at the Time of Surgery?: YES No

Any Vomiting, Diarrhea, Coughing or Sneezing Recently?: YES No

If Yes, Please Describe: _____

****Please do not feed your pet anything after 10pm the night prior to surgery. Water is okay and should be available at all times****