

Gray Veterinary Services, LLC

14618 S. State Hwy 121
Trenton, TX 75490
903-989-2400

Surgery Check-In

Date _____ Pet's Name _____

Procedure Requested (circle): Spay Neuter Dental Declaw (2) Other _____

Does your pet need **Blood Testing** prior to anesthesia? _____

- ❖ **Heartworm Test** (\$20)
- ❖ **CBC & Basic Chemistry** Anemia, Glucose level, Kidney and Liver Test (\$40-\$100)
- ❖ **Kittens** should have a leukemia and AIDS test (\$35)

Anything else you would like us to do while your pet is asleep? _____

The last time my pet **ATE or DRANK** _____

Does he need **VACCINATIONS** (Rabies, Parvo/7way, FVRCCP, Kennel Cough)? _____

Would you like a **MICROCHIP** for identification(~\$31)? _____

IF your pet has **Fleas** we **will** kill them. **Circle** your preferred treatment and approx. cost:

\$5.00 Spray
Lasts 1 day

\$18.00 Advantage II
Lasts 1 month

\$21.00 Nexgard Pill
Lasts 1 month

If left unmarked and your pet has fleas, we **will** still take care of them as we see fit.

ANESTHESIA

Although all our patients are monitored during anesthesia, we have special gas anesthesia for sick, old, or very young animals. Using this type of anesthesia does cost more. Please give us permission to use this if Dr. Gray deems it necessary for whatever reason.

YES

NO

We need, if necessary for the procedure, your permission to perform anesthesia on your pet. Signing below indicates that you realize there are inherent risks associated with anesthesia. You also realize that everyone that works here will use all reasonable precautions against injury, escape, or death and that you will not hold the doctor or staff responsible for such mishaps.

Can we text you? Y / N

X _____ / # _____

Signature & Phone Number