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Ear Trim Surgery Form

Pet's Name: _____ Owner's Name: _____

Additional Requests/Procedures: _____

Contact Number for Today: _____ Secondary Contact: _____

Previous Health Concerns or Problems: _____

Current Medications: _____

Vaccine Status: Current Overdue

All hospitalized patients must be current on the required vaccinations unless specified for medical reasons. This policy is for the protection of all hospitalized patients. If my pet is not up to date, I agree to allow Biltmore Veterinary Clinic to administer vaccinations if deemed necessary.

Flea preventative: _____

All hospitalized patients must be on flea preventative to decrease exposure of other hospitalized pets to fleas. If my pet is not on a flea preventative, I agree to allow Biltmore Veterinary Clinic to administer an appropriate preventative, if evidence of flea infestation is seen, at a minimal charge.

*While your pet is under anesthesia, we can implant an identification **Microchip**. These chips are designed to help reunite lost pets with their families. We strongly recommend all pets receive microchips.*

Please implant a **Microchip** into my pet. Yes No Pet Already Chipped

To minimize any potential complications during anesthesia, we strongly recommend pre-anesthetic bloodwork before all anesthesia procedures.

Please perform pre-anesthetic bloodwork on my pet. Yes No

To minimize discomfort after surgery, we recommend an injection of pain medication and/or take home pain medication.

Please provide my pet with pain medicine. Injection Take Home Both Declined

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. I am responsible for a down payment in the amount of \$200 per pet at the time of drop off.

I understand that every effort will be made to contact me by the staff at Biltmore Veterinary Clinic prior to additional diagnostics and therapies following the initial examination. I understand that if I am unavailable, the doctors may elect to proceed with diagnostics and therapeutics for my pet based on their judgment. I understand the necessity of this and agree to pay for all services at time of discharge.

Signature: _____ Date: _____