

**ANIMAL CLINIC OF BILLINGS
CANINE SURGERY AND PROCEDURE FORM**

Owner Name _____ Pet Name _____ Pet Age _____

My pet is here for the following procedures. Please check all that apply.

Canine Neuter Retained testicle(s) Proceed _____ Call first _____

Canine Spay In heat (estrus) Proceed _____ Call first _____

Dewclaw Removal Front _____ Rear _____

Growth Removal All _____ Only as listed _____
Pathology lab test _____ Call first _____

Wound Repair (please describe location) _____

Hernia Repair (please describe location) _____

Dental Treat as indicated _____ Extract as indicated _____ Call first _____

Vaccinations *DHLPP _____ *Bordetella _____ *Rabies _____ Rattlesnake _____

*Must be current or made current for hospitalization

Skin Examination Symptoms _____
Treat as indicated _____
Perform appropriate skin tests _____
Call first _____

Permanent Identification Microchip _____ Tattoo _____
Location: Flank _____ Ear _____

Anal Glands

Ear Conditions Treat as indicated _____ Call first _____

Eye Conditions Treat as indicated _____ Call first _____

Fecal exam for parasites

Deworm for parasite control

Nail Trim _____ **Nail Reduction** _____

Grooming _____

Bath

Medication Preference (if prescribed) Tablets _____ Liquid _____

Other Procedures: 1) _____
2) _____
3) _____

Flea and Tick Product Dispensed

Heartworm Prevention Dispensed

Science Diet / Prescription Diet Dry _____ Canned _____ Type _____

SIGNED _____ DATE _____

Please feel free to contact our office after 4:00 pm today at **252-9499** to check on your pet and schedule a discharge appointment. Patients hospitalized overnight will not be discharged until after 9:00 am – please call to schedule a release appointment. Our office closes at 6:00 pm Monday through Friday and 12:00 pm Saturday.