

1Dear Pet Owner,

This letter is to confirm that \_\_\_\_\_ is scheduled for a procedure on \_\_\_\_\_  
Your surgery check-in time is \_\_\_\_\_.

**DOORS DO NOT OPEN UNTIL 7:30 A.M. PLEASE COME AT YOUR SCHEDULED TIME.**

Enclosed you will find a surgical release and a pre-anesthetic blood testing consent form. Please read and complete this form **before** you bring your pet in for his/her procedure.

We recommend pre-anesthetic blood testing for **all pets of all ages** because we care about your pet!

**PRE-SURGERY CHECKLIST**

- Remove all food after 10 p.m. the night before your pet's procedure.
- Remove water the morning of your pet's procedure.
- Complete and sign the Surgery Release/Pre-anesthetic Consent Form.
- Give lots of extra pats and kisses.

All surgical patients are treated with the same loving care they receive at home. Please don't hesitate to call us if you have questions on the upcoming procedure or the pre-anesthetic blood testing that we recommend. During surgery is the ideal time to have your pet microchipped. Thank you for allowing us to care for your pet.