



Office Number: 727-781-7704 Fax Number: 727-781-7506

## Pre- Surgical Guidelines

Your pet has been scheduled for a surgical procedure. The guidelines below will help minimize the inherent risks of anesthesia/sedation and make the day go more smoothly.

☺ Please take a moment to read; there is a lot of important information below. ☺

- ✿ Do not feed your pet prior to surgery. Generally, we ask you to stop feeding at midnight the night before surgery. Several complications can develop if an animal is anesthetized on a full stomach due to the increased risk of vomiting. Vomiting can lead to choking or aspiration into the lungs.
- ✿ Water is always ok before surgery.
- ✿ Surgery check-ins typically take 10 minutes. Please be on-time for the check-in! See below for your scheduled time.
- ✿ For the safety and well-being of all pets, dogs and cats must be leashed or in travel carriers.
- ✿ All animals must be current on Rabies Vaccinations.
- ✿ All animals must have received an initial Distemper Vaccine and one booster or be up to date for this vaccine appropriately for their age.
- ✿ All pets must be flea / tick free. If fleas or ticks are found on your pet we will treat appropriately at your expense (usually around \$10).
- ✿ All pets must have had a NEGATIVE microscopic fecal exam within the last 12 months.
- ✿ All dogs must have had a NEGATIVE heartworm blood test within the last 12 months and be current on heartworm prevention.
- ✿ All cats must have had a NEGATIVE FELV/FIV test in their past.
- ✿ Microchipping can be done during surgery at a discounted rate! If your pet is not microchipped or you're not sure, ask any staff member for more information.

**If any of the above procedures were performed elsewhere, we must have written proof from the providing veterinarian prior to being admitted. This may be accomplished by having your pet's vaccine/medical history faxed to us at 727-781-7506 at least 24 hours prior to your pet's surgery or you may bring it to the clinic prior to the day of surgery. Without previous records, we will perform the required pre-surgical procedures and/or tests.**

Your Appointment is scheduled for: \_\_\_/\_\_\_/\_\_\_ at \_\_\_ a.m.