



D U X B U R Y
ANIMAL HOSPITAL

Information for Scheduled Surgery

Thank you for choosing to have your pet's surgery performed by the doctors and staff of Duxbury Animal Hospital. In doing so, you have chosen to ensure that your pet receives only the finest in anesthetic, monitoring, surgical, and post-operative care.

Please be aware of the following important points:

◆ Your pet should not receive any food or water after midnight the evening before surgery. **Failure to do so may result in the cancellation of the procedure and will incur a fee.** This includes treats. Be sure all bowls are placed out of reach and that there is nothing in the yard that they can get into. Outdoor cats should be kept indoors after midnight. If your pet is on any medications, please call the office to ask the doctor if this should be given the morning of surgery.

◆ Depending on your pet's age and the date of the last blood screen, pre-anesthetic blood work may be required. If you did not schedule this at your last appointment, please call the office to discuss if this will be necessary. Be sure to have this performed one week prior to your scheduled surgical date.

◆ Many surgeries require confinement during the post-operative period. This may be in a small room or crate. If you are unable to confine your pet in a bathroom-sized space for an extended period of time, please be sure to have a crate available prior to surgery discharge.

◆ We have a limited number of surgery appointments and tend to book far in advance. In addition, much of the preparation for your pet's surgery is performed during the 24 hour period prior to the actual procedure. Because of this, there will be a **\$125 cancellation fee for any surgeries cancelled without a minimum 24 hours notice and for those that do not arrive at the scheduled time for drop-off.** For those that do arrive late, the decision to still perform surgery that day will be at the doctor's discretion.

If you have any questions or need to schedule blood work, please call 781-934-5300.

Patient _____ Proc. Date _____ Drop-off Time _____ Initials _____