

{CURRENTDATE[LONG]}

{FULLNAME}
{ADDRESS1}
{CITY}, {STATE} {POSTALCODE}

Dear {FIRSTNAME} :

We have an anesthetic procedure scheduled for {NAME} on {ENTERSURGERYDATE} . To better prepare for {NAME}'s comfort and safety, please follow these outlined items before surgery:

- ⌚ No food after 7:00 p.m. the day before the surgery
- ⌚ No water or other liquids after 11:00 p.m. the day before surgery
- ⌚ Bring your pet to the hospital between 7:30 a.m. and 8:00 a.m.
- ⌚ You will receive a call with an update on {NAME}'s condition after recovery

You will find the Surgical/Anesthetic Consent Form enclosed for your review. Your signature and daytime phone number where you can be reached the day of the procedures are of utmost importance. Please complete this form and bring it with {NAME} to the hospital the morning of the procedure.

If you have any additional questions, please feel free to contact myself or the staff at Village Animal Hospital.

Sincerely,

Lee Charles Olson, D.V.M