

Surgery Admission Form



Please answer ALL questions in FULL.

Pet Name: _____ Last Name: _____

Date of Surgery: _____

1) What specific procedure(s) are you expecting to be performed today? Please specify which limb(s) and/or location(s) of mass(es).

2) Has there been any changes in your pet's health since your consultation? If so, please specify (ex. appetite, vomiting, urination, coughing, weight).

3) Has your pet had any general anesthesia before? If yes, please list previous surgeries. Please note any complications during anesthesia or in recovery.

4) Is your pet currently taking any medications? Yes _____ No _____
If yes, please list:

Drug	MG/ Strength	Dose	Last time dose given	Quantity checked in w/patient	Quantity at home

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5) Does your pet have any known allergies or reactions to medications?

Yes _____ No _____

If yes, please list: _____

6) Is your pet on a special diet? Yes _____ No _____

If yes, please list: _____

7) Did you bring your own food with your pet today? Yes _____ No _____

Any special instructions: _____

8) What time did your pet last eat? _____

9) Does your pet have any known allergies or upset stomach with any particular foods?

Yes _____ No _____

If yes, please list: _____

10) Please circle any of the following that your pet **CAN NOT** have:

Cream cheese Chicken Pill Pockets Peanut Butter Baby Food

11) Does your pet have an e-collar? Yes _____ No _____

If yes, did you bring it with you today? Yes _____ No _____

12) Does your pet have a walking sling? Yes _____ No _____

If yes, did you bring it today? Yes _____ No _____

13) Is your pet pee pad trained? Yes _____ No _____

Additional medical notes:

What is the best number and time for us to contact you after surgery?

Contact Name	Telephone Number	Available Times	
			Primary
			Secondary

Owner Signature

Owner Name (Printed)

Admitting Nurse Initials: _____