



Patient Pre-Admitting Form

Client Name: _____ Animal's Name: _____
Contact Number: _____ Last Food: _____

Please check any problems you have noticed recently:

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Problems Breathing | <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Scooting | <input type="checkbox"/> Loss of |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Coughing | <input type="checkbox"/> Limping | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Eye Discharge | <input type="checkbox"/> Other |

How long have you had animal? _____

Any known reactions to vaccinations, drugs, or medications? Yes No

If yes, please explain: _____

Has your animal taken any medication in the past month? Yes No

If yes, list medication and reason: _____

Is your animal currently on heartworm prevention? Yes No

Has your animal had surgery before? Yes No

If yes, please describe: _____

Within the last 6 months has your animal given birth? Yes No

INSTRUCTIONS WHILE PET IS UNDER ANESTHESIA

Please contact me today in accordance with the option selected below (check one):

I prefer that the clinic **proceed with all necessary work**, not listed on the attached document which may be identified while the pet is under anesthesia.

I will see the wellness vet after surgery for any additional procedure other than emergencies. **I do not authorize additional non-emergency procedures.** I understand that my pet may require an additional anesthetic procedure in the future in order to treat a previously unidentified problem or to perform the proposed additional procedure. Our wellness clinic is open until 5:00 p.m. for any procedures found and not treated during surgery.

I hereby acknowledge that a veterinarian has recommended the following laboratory test be performed on the pet in order to minimize the risks associated with the procedure. (check all that apply):

\$60.00 Panel 1 – includes baseline value for kidneys, red blood cells, liver and diabetes required for cats and dogs > 7 years.

\$75.00 Panel 2 – a more complete assessment, suggested for cats and dogs > 7 years of age.

Tests: are hereby accepted and authorized are hereby declined or were performed within last 30 days.

PRE-OP EXAM BY TECHNICIAN

INITIAL: _____

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|------------------|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | EYES NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | FLEAS PRESENT |
| <input type="checkbox"/> | <input type="checkbox"/> | EARS NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | TEETH NORMAL |
| <input type="checkbox"/> | <input type="checkbox"/> | SKIN NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | 2 TESTICLES |
| <input type="checkbox"/> | <input type="checkbox"/> | IN HEAT/PREGNANT | <input type="checkbox"/> | <input type="checkbox"/> | RESPIRATION NORMAL |
| <input type="checkbox"/> | <input type="checkbox"/> | NAILS NEED TRIM | <input type="checkbox"/> | <input type="checkbox"/> | GOOD BODY CONDITION |