

Patient Pre-Admitting Form

Client Name: _____ Animal's Name: _____
Contact Number: _____ Time of Last Meal: _____

Please check any problems you have noticed recently:

- Problems breathing Loss of appetite Scooting Loss of weight
- Scratching Gagging Shaking head Vomiting
- Increased thirst Coughing Limping Diarrhea
- Sneezing Nasal discharge Eye discharge 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?
 If yes, please 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 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):**

PRE-OP EXAM BY TECHNICIAN		Initial: _____	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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