

Pre- Surgical Questionnaire
(Please fill out this form prior to your pets surgery)

Pet's name:

Date: _____

Your name:

Are you the owner: YES / NO

❖ What is your pet being seen for today?

❖ When did your pet eat last? _____

❖ Does your pet have any known allergies? ____ Yes ____ No

➤ If yes, please list:

❖ In the past 48 hours, has your pet experienced any of the following?

➤ Coughing ____ Yes ____ No

➤ Sneezing ____ Yes ____ No

➤ Vomiting ____ Yes ____ No

➤ Diarrhea ____ Yes ____ No

❖ Is your pet on any medications? ____ Yes ____ No

➤ If yes, please list medications & when they were last given:

❖ Do you have any additional concerns for the doctor today? ____ Yes ____ No

➤ If yes, please list below:

❖ What is your preference for administering antibiotics?

_____ Tablets to go home

_____ Liquid to go home

_____ One-time injection done at the hospital, beginning at \$75 (Price varies by pet's weight).

Flip for Release form →

Transfer Sheet

Date: _____ Weight: _____ Kg Age _____

Patient Name: _____ Last Name: _____

Contact # _____

Check in nurse: _____ Estimate range: Low _____ High _____

Reason for Visit: _____

Notes:

Procedures invoiced: (Initial) _____

Discharge set: (time) _____

Discharging nurse: _____

IPN Transfer of patient to nurse:

Treatments and procedures needed to be completed by transfer nurse:

Invoice complete: (initials) _____

Owner Called (initials) _____

RTG (initials) _____

Flip for Release form →