



Surgery Patient Pre-Admitting Questions

Client Name: _____ Animal's Name: _____

Telephone number where we can reach you today: (_____) _____

1. When was the last time your animal had any food or water? _____
2. Within the last two weeks, has your animal displayed any of the following?
☐ Sneezing ☐ Coughing ☐ Vomiting ☐ Diarrhea
3. Has your animal ever had a seizure? ☐ Yes ☐ No
If "yes", please explain: _____
4. If your animal is female, when was her last heat cycle? _____
5. Is your animal pregnant? ☐ Yes ☐ No ☐ Maybe
6. Within the last six months, has your animal given birth? ☐ Yes ☐ No
7. Within the last two weeks, are you aware of any change in your animal's:
☐ Level of activity ☐ Appetite ☐ Water consumption
8. Are you aware of your animal having a history of (please check as many as apply):
☐ Health problems ☐ Injury (such as hit by a car or attacked by another animal)
Please explain: _____
9. Has your animal had surgery before? ☐ Yes ☐ No If "yes", please explain:

10. Are there any known reactions to vaccinations, drugs, or medications?
☐ Yes ☐ No If "yes", explain: _____
11. Please list any medication your animal has taken in the past month and why:

12. In the past ten days, has your animal been treated for fleas/ticks or mange (dip, spray, powder)? ☐ Yes ☐ No If "yes", what product was used? _____
13. How long have you owned this animal? _____
14. Is your animal currently on heartworm prevention? ☐ Yes ☐ No
If "yes", what type of preventative is he or she currently taking (check one):
☐ Sentinal ☐ Interceptor ☐ Heartgard ☐ Ivermectin ☐ Other _____

When was his/her last heartworm test? _____
15. Is your animal currently taking flea prevention medications? ☐ Yes ☐ No

Client Signature

Date