



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):
 Sentinel 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