



Patient Pre-Admitting Form

Client Name: _____ Animal's Name: _____
 Phone number where you may be reached today. _____
 When was the last time your animal had any food or water? _____
 Please check any problems you have noticed: Problems Breathing: ___ Scratching ___
 Increased Thirst ___ Loss of Appetite ___ Gagging ___ Coughing ___ Scooting ___
 Shaking Head ___ Limping ___ Loss of Balance ___ Vomiting ___ Diarrhea ___
 Sneezing ___ Nasal Discharge ___ Eye Discharge ___ Other _____
 How long have you had animal _____
 Any known reactions to vaccinations, drugs, or medications if yes explain _____

 Please list any medication your animal has taken in the past month and why: _____

 Is your animal currently on heartworm prevention? ___yes ___no
 Has your animal had surgery before? ___yes ___no If yes explain _____

 Within the last 6 months has your animal given birth? _____

INSTRUCTIONS WHILE PET IS UNDER ANESTHESIA

While my pet is here and under anesthesia please perform the following additional procedures:
 ___ ear cleaning(\$10.00) ___ Home-Again microchip(\$30.00) ___ nail trim(\$5.00)
 ___ fecal check(\$15.00)

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

- ___ I prefer that the clinic **precede 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):

___ \$50.00 Panel 1 – includes baseline value for kidneys, red blood cells, liver and diabetes required for cats and dogs > 7 years.

___ \$65.00 Panel 2 – a more complete assessment, suggested for cats and dogs >7 years of age.

___ are hereby accepted and authorized ___ are hereby declined or ___ were performed within the last 30 days.

PRE-OP EXAM BY TECHNICIAN INITIAL _____

YES	NO		YES	NO	
___	___	EYES NORMAL	___	___	FLEAS PRESENT
___	___	EARS NORMAL	___	___	TEETH NORMAL
___	___	SKIN NORMAL	___	___	2 TESTICLES
___	___	IN HEAT/PREGNANT	___	___	RESPIRATION NORMAL
___	___	NAILS NEED TRIMM	___	___	GOOD BODY CONDITION 1/25