Patient Pre-Admitting Form:
Client Name**:** _____ Contact Number**:** _____

Pet Name: _____ 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.

_____

PRE-OP EXAM BY TECHNICIAN

Tech Initials: _____

YES	NO		YES	NO	
☐	☐	EYE NORMAL	☐	☐	FLEAS PRESENT
☐	☐	EARS NORMAL	☐	☐	TEETH NORMAL
☐	☐	SKIN NORMAL	☐	☐	2 TESTICLES
☐	☐	IN HEAT/PREGNANT	☐	☐	RESPIRATION NORMAL
☐	☐	NAILS NEED TRIM	☐	☐	GOOD BODY CONDITION

Temperature_____ Respiration Rate _____
Heart Rate _____