

**Patient Pre-Admitting Form**

Client Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Time of Last Meal: \_\_\_\_\_  
Date: \_\_\_\_\_

Please check any problems you have noticed recently:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Problems breathing | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Scooting      | <input type="checkbox"/> Loss of weight |
| <input type="checkbox"/> Scratching         | <input type="checkbox"/> Gagging          | <input type="checkbox"/> Shaking head  | <input type="checkbox"/> Vomiting       |
| <input type="checkbox"/> Increased thirst   | <input type="checkbox"/> Coughing         | <input type="checkbox"/> Limping       | <input type="checkbox"/> Diarrhea       |
| <input type="checkbox"/> Sneezing           | <input type="checkbox"/> Nasal discharge  | <input type="checkbox"/> Eye discharge | <input type="checkbox"/> 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.

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**):

\$65.00 Panel 1 – includes baseline value for kidneys, red blood cells, liver and diabetes required for cats and dogs > 7 years.

Test:  are hereby accepted and authorized  declined or  were performed within last 30 days.

**PRE-OP EXAM BY TECHNICIAN** Initial: \_\_\_\_\_

- |                          |                          |                  |
|--------------------------|--------------------------|------------------|
| YES                      | NO                       |                  |
| <input type="checkbox"/> | <input type="checkbox"/> | EYE NORMAL       |
| <input type="checkbox"/> | <input type="checkbox"/> | EARS NORMAL      |
| <input type="checkbox"/> | <input type="checkbox"/> | SKIN NORMAL      |
| <input type="checkbox"/> | <input type="checkbox"/> | IN HEAT/PREGNANT |
| <input type="checkbox"/> | <input type="checkbox"/> | NAILS NEED TRIM  |

- |                          |                          |                     |
|--------------------------|--------------------------|---------------------|
| YES                      | NO                       |                     |
| <input type="checkbox"/> | <input type="checkbox"/> | FLEAS PRESENT       |
| <input type="checkbox"/> | <input type="checkbox"/> | TEETH NORMAL        |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 TESTICLES         |
| <input type="checkbox"/> | <input type="checkbox"/> | RESPIRATION NORMAL  |
| <input type="checkbox"/> | <input type="checkbox"/> | GOOD BODY CONDITION |

Temperature \_\_\_\_\_  
Heart Rate \_\_\_\_\_

Respiration Rate \_\_\_\_\_