

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 | Eye <input type="checkbox"/> harge | Othe <input type="checkbox"/> |

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):**

\$110.00 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 | | YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | EYE NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | FLEAS PRESENT |
| <input type="checkbox"/> | <input type="checkbox"/> | EARS NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | TEETH NORMAL |
| <input type="checkbox"/> | <input type="checkbox"/> | SKIN NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | 2 TESTICLES |
| <input type="checkbox"/> | <input type="checkbox"/> | IN HEAT/PREGNANT | <input type="checkbox"/> | <input type="checkbox"/> | RESPIRATION NORMAL |
| <input type="checkbox"/> | <input type="checkbox"/> | NAILS NEED TRIM | <input type="checkbox"/> | <input type="checkbox"/> | GOOD BODY CONDITION |
| Temperature _____ | | | Respiration Rate _____ | | |
| Heart Rate _____ | | | | | |