

Admission Questionnaire

We appreciate you taking the time to fill out this form completely. This will help us better understand our patient and, in turn, help us provide the best possible care and anesthetic planning.

1. Has your pet had anything to eat or drink in the last 8 hours?	YES	NO
2. If you answered YES to question #1, please list what and when he or she ate or drank.		
3. Has your pet been given any medications, supplements or treatments in the past 7 days?	YES	NO
4. If you answered YES to question #3, please list what he or she was given as well as when it was given.		
5. Does your pet find it particularly distressing when away from home?	YES	NO
6. If your pet has undergone a surgical procedure before, has he or she had a history of licking or biting at surgical incisions?	YES	NO
7. If your pet has undergone anesthesia before, has he or she had a past anesthetic event that you thought went poorly?	YES	NO
8. If you answered YES to question #6 or #7, please provide information regarding the circumstances.		
9. Do you have questions for the surgeon this morning?	YES	NO
10. Would you like us to implant a microchip under your pet's skin today?	YES	NO
11. Would you like your pet's ears cleaned today?	YES	NO
12. Would you like your pet to have a fluoride treatment today?	YES	NO
13. Please list any additional requests or information you would like to give us.		
14. In the unlikely event of a cardiac emergency, please indicate whether you would like us to initiate CPR.	YES	NO

Client Signature _____ **Date** _____