

# Surgical Admission Questionnaire

## Client Information

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Home Work

Secondary Phone Number: \_\_\_\_\_ Cell Home Work

Email Address: \_\_\_\_\_

## Pet Information

Name: \_\_\_\_\_ Canine / Feline / Other Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male / Female Spayed/Neutered: Yes / No

### PLEASE FILL OUT COMPLETELY

**Surgery/Procedure your pet is receiving today:** \_\_\_\_\_

1. When did your pet last eat? \_\_\_\_\_

2. Does your pet have food allergies or require a special diet? Y / N

If Yes, please explain: \_\_\_\_\_

3. Has your pet had any vomiting or diarrhea in the last 48 hours? Y / N

If Yes, please explain: \_\_\_\_\_

4. Does your pet have any history of:

Drug sensitivities Y / N Kidney Disease Y / N

Thyroid Disease Y / N Seizures (last one?, how often?) Y / N

Cushing's Disease Y / N Heart Disease Y / N

Diabetes Y / N Respiratory Disease Y / N

Other medical issues? Y / N Liver Disease Y / N

If yes to any of the above, please explain in detail: \_\_\_\_\_

5. Please list all medications given ***in the last week***:

Drug	Dose (mg)	Frequency	Reason	Time Last Given	Quantity Remaining

6. Does your pet need sedatives/anti-anxiety meds to be crated/confined ***at home*** after surgery? Yes No Maybe

7. Has your pet had any adverse anesthetic events? Y / N

If Yes, please explain: \_\_\_\_\_

8. Has your pet had recent blood work? Y / N

When? Where? \_\_\_\_\_

9. Does your dog need special commands or surfaces for elimination outside (e.g. "Go potty", "Hurry up", grass only, wee wee pads)? Y / N

10. Has your pet ever received a blood transfusion or carried a litter? Y / N

Admission Technician Initials: \_\_\_\_\_