Surgery/Anesthesia Admission Form

	Pet's Name	Pet's Age
Telephone N	Number where I can be reached between 8:00 am - 8:00 pm_	
Please ans	wer all of the following questions, including Microchipping	g and Pre-Anesthetic Testing
	Consent/ Waiver, so that we can better assist you and y	our pets needs.
YES NO		
	Are vaccinations current?	If no, ☐ Update today
	If your pet is a dog, is he/she on heartworm preventative?	
	To your knowledge, is your pet allergic to any drugs?	What?
	Did your pet eat this morning?	
	Is your pet currently on any medications?	What?
	Has your pet had an accident or illness in the last 30 days?	
	Any elective procedures that you would like preformed at t	this time.
	What?	
	Microchipping pet Identification	
☐ YES	I want to protect my pet by having him/her permanently id	entified with a
	Microchip ID. (please see Microchipping handout for detail	
$\beth_{\mathbf{NO}}$	I do not wish to have a microchip ID for my pet	is and prices,
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ika you o	Pre- Anesthetic Testing Consent /Wai	
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