**Surgery Admission Questionnaire**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please take a few minutes of your time to fill out this form as accurately as possible. The questionnaire will help us to better understand our patient and, in turn, help to provide for the best possible anesthetic planning.***

1. Would you be interested in giving your pet a microchip today? Yes No
2. Has your pet eaten anything at all during the last 12 hours? Yes No
3. Has your pet been given any medications, supplements or treatments

during the last seven (7) days? Yes No

1. If you answered “Yes” to question #3, please list all that apply:

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1. **IF CANINE:** Has your pet been given Cerenia in the last 12 hours? Yes No
2. If your pet has any medication or food allergies please list all that apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has your pet had a history of aggressive licking or chewing at surgical incisions? Yes No
4. Do you anticipate that there will be any problems keeping your pet in a clean, dry

area during the recovery process? Yes No

1. Do you anticipate that there will be any problems keeping your pet reasonably

calm during the recovery process? Yes No

1. Do you have any questions for the surgeon this morning? Yes No
2. Has your pet ever had a past anesthetic event that you thought went Yes No

poorly or had a prolonged recovery?

1. If you answered “Yes” to question #9, please explain:

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