

## SURGERY ADMISSION INFORMATION SHEET

Animal's Name	Date
Client's Name	
Phone number to reach you today: 1st#	2nd#
Do you have a number that accepts text messages?	
Reason your pet is here:	
Has your pet eaten today?	
If yes, how much/at what time?	
List any medication your pet is taking:	
Current dose?	
Last time medication was given?	
Are there any new problems?	
Any Vomiting?	If yes, bile or food?
Diarrhea?	If yes, consistency?
Coughing?	
Sneezing?	
Is there anything else you think may be of importance?	
Will an e-collar( \$9 to \$13) be needed to prevent your pet from licking? yes_____ no_____	

THANK YOU!