

Your name: _____ Your pet's name: _____

Procedure being performed: _____

As part of our commitment to offering the safest care for your pet during his/her visit for surgery, we will perform a complete physical examination prior to anesthesia. Please note any changes in your pet's behavior in the following questions:

Has your pet been fasted (had no food) since 8pm last night? Yes / No

Have you noticed any recent coughing, sneezing, vomiting or diarrhea? If so, please note which symptom and the frequency: _____

How has your pet's appetite been? Increased / Decreased / Normal

How has your pet's thirst been? Increased / Decreased / Normal

How is your pet's urination? Increased / Decreased / Normal

How is your pet's defecation? Increased / Decreased / Normal

How is your pet's activity level? Increased / Decreased / Normal

What diet is your pet currently eating? _____

Is your pet currently on any flea prevention? Yes / No If so, which kind?

Is your pet currently on any heartworm prevention? Yes / No If so, which kind?

Is your pet on any other form of medication or supplement? If so, please tell us the name and dose.

Please understand that we will make every attempt to contact you should any unforeseen issues arise today. If you cannot be reached immediately when a decision must be made for the care of your pet, how would you like us to proceed? *PLEASE INITIAL:

_____ Proceed with care at the discretion of the doctor (additional charges may apply)

_____ Do not proceed (You understand that this may mean not performing a procedure and may cause your pet prolonged or additional anesthesia)

Do you have any other questions or concerns that you would like addressed today?

I understand that there are potentially life threatening risks involved with any surgical or anesthetic procedure. Knowing that San Carlos Animal Hospital will take all precautions to make the procedure as safe as possible, I give my permission to proceed as noted above.

*Client signature: _____ *Date: _____