

Amherst Small Animal Hospital

Surgery Admission Questionnaire

We need you to take a few minutes of your time to fill out this form completely. This will help us to better understand our patient and, in turn, help provide for the best possible anesthetic planning.

1. Has your pet eaten **anything at all** in the last 12 hours?

YES NO

2. Has your pet been given **any** medications, supplements, or treatments during the past 7 days?

YES NO

3. If the answer to question #2 above is yes, please list all such medications or treatments in the space at the right.

4. Does your pet find it particularly distressing when away from home as when at a boarding facility?

YES NO

5. Has your pet had a history of aggressive licking or chewing at surgical incisions?

YES NO

6. Do you anticipate that there will be any problems keeping your pet in a clean, dry area during recovery?

YES NO

7. Do you anticipate that there will be any problems keeping your pet reasonably quiet during recovery?

YES NO

8. Do you have any questions for the surgeon this morning?

YES NO

9. Has your phone number or address changed since you last visited our practice?

YES NO

10. Has your pet ever had a past anesthetic event that you thought went poorly?

YES NO

Signature _____ Date _____