

# SURGERY ADMISSION FORM

## Dr. Kenneth Moore



Please answer ALL questions as completely as possible

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

Date of Surgery: \_\_\_\_\_

Please list ALL surgical procedures that you are expecting to be performed on your pet. If applicable, please specify which leg (e.g. left front) and the location of any masses to be removed. \_\_\_\_\_

### CURRENT HEALTH:

Has there been any change in your pet's condition since your last appointment?  YES  NO

If yes, please describe: \_\_\_\_\_

Please evaluate the following signs in your pet over the past few days:

(1) Appetite  NORMAL  ABNORMAL If abnormal, please describe: \_\_\_\_\_

(2) Vomiting  YES  NO

(3) Stools/defecation  NORMAL  ABNORMAL If abnormal, please describe: \_\_\_\_\_

(4) Coughing  YES  NO

(5) Breathing pattern  NORMAL  ABNORMAL If abnormal, please describe: \_\_\_\_\_

(6) Urination  NORMAL  ABNORMAL If abnormal, please describe: \_\_\_\_\_

(7) Energy levels  NORMAL  ABNORMAL If abnormal, please describe: \_\_\_\_\_

(8) Has your pet's weight changed recently?  YES  NO If yes, please describe: \_\_\_\_\_

### PREVIOUS SURGERY / ANESTHESIA:

Has your pet ever had general anesthesia performed before?  YES  NO If yes: Did your veterinarian report any complications during the anesthesia or recovery period?  YES  NO If yes, please describe: \_\_\_\_\_

Did your pet make a full recovery from the anesthesia within 24 hours?  YES  NO If no, please describe: \_\_\_\_\_

Please list your pet's previous surgeries with approximate date (if any): \_\_\_\_\_

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### ALLERGIES / REACTIONS TO MEDICATIONS:

Has your pet ever shown a reaction to a medication (injection or pill)?  YES  NO If yes, please list:

\_\_\_\_\_

Please list any known allergy/allergies that your pet has: \_\_\_\_\_

### DIET:

What is your pet's normal diet? \_\_\_\_\_

Are there any foods that your pet CANNOT tolerate? \_\_\_\_\_

Are you bringing in your own food with your pet?  YES  NO If yes, please bring in 2 servings of food in disposable containers if your pet is staying overnight after surgery (one for the night of surgery and one for the following morning). If no, your pet will be fed a low-fat commercial veterinary diet after surgery. Other foods may be offered if necessary.

At what time did your pet last eat prior to admission for surgery? \_\_\_\_\_

### MEDICATIONS:

Please list all medications (including supplements) that your pet is currently taking.

MEDICATION NAME	STRENGTH (mg)	DOSING INSTRUCTIONS (e.g. 1 tab twice daily)	WHEN WAS THIS MEDICATION LAST GIVEN?

**PLEASE BRING ALL MEDICATIONS AND SUPPLEMENTS WITH YOU ON THE DAY OF SURGERY!**

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### ADDITIONAL ITEMS:

1. Elizabethan collar: Do you have an Elizabethan collar for your pet?  YES  NO  
If yes, please bring it with you on the day of surgery.
2. Walking sling: A walking sling will be dispensed for most hind limb surgeries in medium and large breed dogs. If you already own this sling, please bring it with you on the day of surgery (if appropriate for the surgery being performed).  
Please indicate here if you will be bringing your own sling.  YES

### ADDITIONAL INFORMATION:

Please list ANY additional information that you may think may be important for us to be aware of regarding your pet (e.g. dog aggressive, paper-trained, afraid of thunder, scared of men). \_\_\_\_\_

### CONTACT INFORMATION:

Dr. Moore will call you immediately following the surgery.

Please list the primary person to be contacted after surgery:

Name: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Alternative phone number: \_\_\_\_\_

If the primary person cannot be reached, please provide an alternative contact person. Otherwise, Dr. Moore will leave a detailed message on the primary person's phone.

Alternative Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Date