

Cage #

Date: _____

1. Does your pet have any illnesses or medical conditions we should know about? **Yes No** If yes, please explain:

2. Has your pet had any seizures (epilepsy)? **Yes No** If yes, please explain and list any medication used to control seizures and when was the last

3. Is your pet on any medications, including any flea, tick or heartworm preventative? **Yes No** If yes, please list medications and reason for the medication:

4. Is your pet current on its vaccines? **Yes No** If yes, when was the last time pet was vaccinated and what vaccines did they receive?

5. Has your pet experienced any vaccine reactions? **Yes No** If yes, when did the reaction occur and to which vaccine(s)?

6. Has your pet experienced any of the following in the past week:

Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain	<input type="text"/>
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain	<input type="text"/>
Coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain	<input type="text"/>
Sneezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain	<input type="text"/>

7. Would you like your pet to have an **IV Catheter and Fluids** during the procedure? This helps provide support for your pets' heart and kidneys.
Additional Charge \$25 Yes No

8. Please select one of the following regarding **pre-anesthetic bloodwork**:

- I was offered pre-anesthetic bloodwork and **declined** this service, understanding it is best to perform pre-anesthetic bloodwork to screen for illness.
- Bloodwork **was performed** by OSN on
- I was not offered bloodwork but would like to **decline** the service at this time, understanding that it is best to perform pre-anesthetic bloodwork to screen for illness.
- I was not offered pre-anesthetic bloodwork and **accept** to have bloodwork performed for \$55 (includes a free heartworm test for dogs and a free FeLV/FIV test for cats). Please be aware that your pets surgery will be rescheduled as our bloodwork is sent to an outside laboratory.

9. For medication dispensing purposes: What is your Date of Birth?
What is your spouse's or other authorized agent's Date of Birth?

10. Why are you spaying/neutering your pet?

11. How did you hear about us?

12. Phone number we can reach you at today:

13. Email address (may be shared with microchip company to verify registration)

Signature: _____ Date: _____