

Cage #

Client Name:

Pet Name:

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 time it was given:

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**  **Yes**  **No** If yes, please explain

**Diarrhea**  **Yes**  **No** If yes, please explain

**Coughing**  **Yes**  **No** If yes, please explain

**Sneezing**  **Yes**  **No** If yes, please explain

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. Would you like your pet to receive a microchip during this procedure? Microchips show proof of ownership if you are ever to separate from your pet. Microchips are discounted at the time of spay or neuter. **Additional Charge \$15** Yes  No

9. 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 or \$75. Please be aware that your pets' surgery will be rescheduled as our bloodwork is sent to an outside laboratory.

10. For medication dispensing purposes: What is your date of birth?

What is your spouse's or other authorized agent's date of birth?

11. Why are you spaying/neutering your pet?

12. How did you hear about us?

13. Please list **two (2) phone numbers** we can reach you at today **in case of an emergency**:

14. Email address (Used for appointment confirmations and reminders, may be shared with microchip company to verify registration)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_