

Surgical History Sheet

To be completed by pet owner

MEDICAL HISTORY:

When and where were your pet's last vaccines? _____

When was your pet's last Felv/Fiv test or heartworm test? _____

Do you give your pet heartworm prevention? yes no

If yes, list _____ Given on _____ day of the month.

Has your pet recently experienced any vomiting, coughing, sneezing, or diarrhea? yes no

Has your pet been ill or injured within the last 30 days? yes no

If yes, list illness or injury: _____

Does your pet have any medical issues we have not previously addressed? yes no

If so list: _____

Is your pet allergic to any drugs? If yes, list drugs: _____ yes no

Is your pet taking any medications (including aspirin)? yes no

If yes, list medication: _____

When was medication last given? _____

Do you want us to check any specific problems? yes no

If yes, list problems: _____

Do you regularly use dental hygiene products on your pet? yes no

If yes, list products: _____

To be completed by your technician

ADDITIONAL PROCEDURES TO BE PERFORMED:

- Remove warts or skin growths
 - Flush and clean ears
 - Trim nails
 - Express anal glands
 - Microchip
 - Hip radiographs to check for hip dysplasia or other abnormalities
 - Extraction of Deciduous teeth
 - Thoracic Radiographs
 - Purchase flea prevention Single dose 6 months
 - Purchase heartworm prevention 6 months 1 year
 - Additional Procedures: (exam, vaccines) _____
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