



SURGERY DROP OFF

DATE: _____

PATIENT NAME: _____

CLIENT NAME: _____

REASON FOR DROP OFF (PLEASE LIST PROCEDURE/CONDITION): _____

WHICH SIDE (FOR EXAMPLE LEFT/RIGHT, FRONT/REAR or N/A)? _____

ANY SPECIFIC **NEW** CONCERNS SINCE LAST VISIT WITH THE SURGEON? YES (IF YES, EXPLAIN BELOW) NO

WHEN WAS THE LAST TIME YOUR PET HAD ANYTHING TO EAT OR DRINK? _____

WHAT MEDICATIONS (IF ANY) IS YOUR PET RECEIVING (PLEASE LIST AND DO NOT SAY "IN FILE/AS PRESCRIBED")

AND WHEN WAS LAST DOSE GIVEN? _____

PLEASE LIST A PHONE NUMBER (OR NUMBERS) WHERE WE CAN REACH YOU FOR THE NEXT 24 HOURS (FOR EXAMPLE: 9AM – 5PM CALL WORK #; AFTER 5PM CALL CELL #, ETC.)? PLEASE LIST ALL CONTACT NUMBERS HERE:

IN THE EVENT OF AN EMERGENCY, DO YOU AUTHORIZE THE USE OF CPR (CIRCLE ONE)? YES NO

IF YES WAS CIRCLED ABOVE, PLEASE SIGN HERE: _____