

Client: \_\_\_\_\_  
 Pet: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Breed: \_\_\_\_\_

Date: \_\_\_\_\_  
 WT: \_\_\_\_\_

# SURGERY CHECK IN SHEET

Please print, complete and bring this form with you at the time of your pet's appointment.

Procedure to be performed: \_\_\_\_\_

**GENERAL SURGERY QUESTIONS:**

FIRST # TO REACH CLIENT AT \_\_\_\_\_ 2<sup>ND</sup># \_\_\_\_\_ 3<sup>RD</sup># \_\_\_\_\_

Did the patient fast? (please circle one) YES NO

Check for fleas: (please check one) NO FLEAS FOUND = FLEAS FOUND = ADDIT. COST = FLEA PRODUCTS WANTED \_\_\_\_\_

Tell owner about over a year charge: (please circle one) YES NO

Recommendation for Pre-anes Work?

	PREVIOUSLY DONE	DO IT	REFUSED
BLOODWORK	=	=	=
X-RAYS	=	=	=

CANINE VACCINE REVIEW					FELINE VACCINATION REVIEW				
VACCINE	DUE DATE	DO IT	REF	OTHER	VACCINE	DUE DATE	DO IT	REF	OTHER
DA2PLP	_____	=	=	_____	FVRPCP	_____	=	=	_____
RABIES	_____	=	=	_____	RABIES	_____	=	=	_____
LYMES	_____	=	=	_____	Ask Owner about:	=	PURVAX or	=	Rabvac
BORDETELLA	_____	=	=	_____	FELV VACC	_____	=	=	_____
CORONA	_____	=	=	_____	DONE BEFORE	_____	DO IT	REF	OTHER
HWT DO THEY NEED HWP? (please circle one)	_____	=	=	_____	FELV/FIV TEST	_____	=	=	_____
	YES	NO	TYPE	_____	MICROCHIP	_____	=	=	_____

**FECAL REVIEW**      LAST DONE      DO IT      REF      OTHER  
 \_\_\_\_\_      =      =      \_\_\_\_\_

**DENTAL RELATED QUESTIONS**

ARE EXTRACTIONS OK TO DO? (please circle one) YES NO      IF YES, REVIEW COST INVOLVED =

**TUMORE REMOVAL RELATED QUESTIONS**

Number of tumors: \_\_\_\_\_  
 Shave tumors = \_\_\_\_\_  
 Document location: \_\_\_\_\_

Do they want a biopsy? (please circle one) YES NO

NEW CLIENT – MUST LEAVE DEPOSIT = \_\_\_\_\_

**OWNERS COMMENTS OR ADDITIONAL REQUESTS:** \_\_\_\_\_

\_\_\_\_\_