

FOUR CORNERS VETERINARY HOSPITAL
Surgery Admission Questionnaire

Name: _____ Date: _____

We need you to take a few minutes of your time to fill out this form completely. This will help us to better understand our patient and, in turn, help provide for the best possible anesthesia planning.

1. Has your pet eaten anything at all in the past 12 hours?	YES NO
2. Has your pet been given any medications, supplements, or treatments during the past 7 days?	YES NO
3. If the answer to question #2 above is yes, please list all such medication or treatments in the space at the right.	
4. Does your pet feel separation anxiety when away from home?	YES NO
5. Has your pet had a history of licking or chewing at surgical incisions?	YES NO
6. Do you anticipate there will be any problems keeping your pet in a clean, dry area during recovery?	YES NO
7. Do you anticipate that there will be any problems keeping your pet reasonably quiet during recovery?	YES NO
8. Do you have any questions for the surgeon this morning?	YES NO
9. What is the best number to reach you today?	

Signature: _____