



Surgical Patient Info/Requests

1. Has the patient been fasted? Yes / No
2. Is the patient on any medication currently? Yes / No

If yes please list:

3. Has the patient had any medications this morning? Yes / No

If yes please list:

4. Do you need any refills on medications? Yes / No

If yes please list:

5. Would like us to express your pets anal glands? Yes / No

6. Would like your pet to receive a microchip? Yes / No

Cats only: Would you like us to trim your cats nails? Yes / No