



Welcome to Special Veterinary Services *Surgery Consult Form*

Please take this time to fill out this questionnaire in an effort to help us treat your pet most effectively!

- 1) *Briefly*, what condition is your pet being seen for? How long has this condition been present? Has the condition worsened?

- 2) Who is your regular veterinarian/which veterinary hospital referred you?
(we wish to thank them, and update their medical records with this visit!)

- 3) Are there x-rays (radiographs) or pertinent lab-work with you today?

- 4) Has your pet been fasted this morning?

- 5) Is your pet on any medications? (Besides heartworm and flea preventative)

- 6) Has your pet been hospitalized with a major medical condition in the past?
If yes, briefly describe the diagnosis.

- 7) Has your pet ever had a seizure? (currently, or in the past, have you given medication for a seizure)

- 8) Describe your pet's normal appetite. (i.e. Picky, good/eager eater) Special Diets? Water intake? (i.e. Normal/excessive)

- 9) Does your pet have any allergies to which we should be aware?

- 10) Please Note: Leaving personal effects (except for travel carriers) with your pet during hospitalization (i.e. Collars, leashes, T-shirts, favorite blankets) is discouraged. These items can become soiled, separated from their respective `owners`, and occasionally mislaid. We will make every attempt to accommodate individual exceptions, but please be aware that personal effects may become unavoidably lost.

