

Pre-Surgical Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What kind of Surgical Procedure is being performed today?

2. If a lump/growth/tumor/wart is being removed, please specify the location(s):

3. When was the last time was your pet had any food (this includes any treats)?

4. When was the last time your pet had water?

5. Does your pet have any known allergies?

6. Has pet had any vomiting or diarrhea in the last 24-48 hours?

7. Has your pet been given any medications today?

8. If answer to above question is yes, please list the name of drug given, the dosage, and the time it was given:

9. Has your pet ever had surgery before? If yes, what kind?

10. Is your pet kept indoors, outdoors, or both?

11. Does your pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10, how much?
