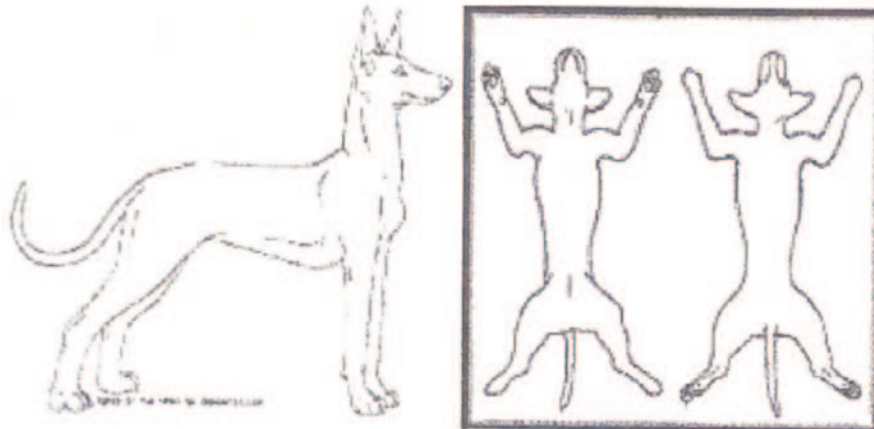


Canine Surgical Intake Form

Client _____ Patient _____ Patient ID number _____ Date _____

Canine spay Canine neuter Mass removal Dental Other (describe in detail below)*

*Please indicate site of mass(es) client has shown, or if other please describe in detail below.



Last time patient ate food: A.M. _____ P.M. _____ Last time patient drank water: A.M. _____ P.M. _____

If patient is currently on medication when was the last time it was administered: AM _____ PM _____

Verified with client patient has received pre-dental medication in A.M.

List medication(s) _____

Additional services requested while in-hospital

Nail Trim Ear Cleaning Microchip Bloodwork Heartworm Test
 Lyme Test Ehrlichia Test Deworming Flea Treatment Vaccinations*

Vaccinations

Rabies (1 year) Rabies (3 year) Rabies done at another facility, certificate has been verified and put in record.
 Distemper/Parvo Lepto Bordetella Lyme

Any questions, concerns, or additional requests made by client during patient's in-house appointment.