

Surgery Check In Form



Cleveland Park East Animal Hospital



Client's Full Name: _____

Pet's Name: _____

Date of Procedure: _____

Procedure to be performed: _____

Your pet's care and safety is our top priority. Please print and complete this form and bring it with you to your pet's surgery appointment. You will review this information with the surgery technician at the appointment.

Has your pet had any food or treats since 6pm the night prior to the procedure?

Yes ____ No ____

If yes, please

list _____

Is your pet on any medications or supplements, including heartworm/flea prevention?

If yes, please list those medications, doses, and the time of last dose.

Yes ____ No ____

If your pet does not have a microchip implanted, would like us to implant one today while under anesthesia? Yes ____ No ____

With certain surgical procedures it may necessary for your veterinarian to contact you while your pet is under anesthesia. Please provide contact number(s) that you can be reached at while your pet is in our care.
