

**Nash County Animal Hospital**  
621 E. Washington Street  
Nashville, NC 27856  
(252) 459-4001

**SURGERY PATIENT DROP-OFF INFORMATION FORM**

Owner Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Surgery to be performed: \_\_\_\_\_

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Last time pet ate? \_\_\_\_\_

Recent injury, illness or surgery? Y / N \_\_\_\_\_

Current medications? Please list and specify when last dose was given. Y / N \_\_\_\_\_

Any known allergies? Y / N \_\_\_\_\_

Any history of seizures? Y / N \_\_\_\_\_

Felv/FIV/Heartworm status? + / - / unknown \_\_\_\_\_

If unknown, can we test today? Y / N \_\_\_\_\_

Date of last blood work: \_\_\_\_\_

Do you want pre-op blood work performed? Y / N \_\_\_\_\_

Heartworm preventative? Y / N \_\_\_\_\_ If yes, when was last does given?

Flea preventative\*? Y / N \_\_\_\_\_

\*If fleas are seen, we will treat your pet with Capstar to protect other hospitalized patients.

Any scooting on rear? Y / N \_\_\_\_\_

Would you like vaccines updated? Y / N \_\_\_\_\_

Can we place a surgery catheter for your pet's safety? Y / N \_\_\_\_\_

Would you like your pet microchipped? Y / N \_\_\_\_\_ Do you need more information? Y / N

If a dental is going to be performed, do you authorize the doctor to make any necessary tooth extractions? Y / N \_\_\_\_\_

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Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_