

Nash County Animal Hospital

926 Eastern Avenue

Nashville, NC 27856

(252) 459-4001

SURGERY PATIENT DROP-OFF INFORMATION FORM

Owner Name: _____ Pet's Name: _____

Surgery to be performed: _____

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 _____

Less than 7 yrs old Chem 10/CBC \$97

7 yrs and older Chem 17/CBC \$153

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 _____

Would you like your pet microchipped? Y / N _____
(Cost: \$46)

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

Do you need more information? Y / N _____

Informing: We will place a catheter for your pet's safety.

Owner's Signature _____ Date _____/_____/_____