

Bright Cross Animal Clinic
Pre-surgical Questionnaire

The staff at Bright Cross wants to make sure that you have peace of mind while your cat is here for surgery. While everyone realizes that there are some inherent risks to anesthetics, to minimize these risks please answer the following questions about your pet to ensure your cat is given the most complete and BEST care possible.

Your Name: _____ Pets Name: _____
Phone number you can be reached at after surgery: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has your cat had anything to eat this morning?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your cat have any health concerns that the doctor is not aware of?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your cat vaccinated for feline leukemia and rabies?.....
If No, please discuss with a member of our staff. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your cat currently on any medications?.....
If yes, please list and include date/time last given: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
-

5. Does your cat have any of the following conditions?
Please check all that apply:
- Drinks excessive amounts of water.....
 - Weight loss.....
 - Poor appetite.....
 - Vomiting (not associated with hairballs).....
 - Frequent infections.....
 - Open mouth breathing.....
 - Changes in personality.....

Optional

- | | Accept | Decline |
|---|--------------------------|--------------------------|
| 6. I/D Chip and Registration with surgery – special \$45 .00..... | <input type="checkbox"/> | <input type="checkbox"/> |

For verification, please list all procedures to be done while you pet is here:

Please discuss any concerns or questions with our staff before leaving.

Signature: _____

Email: _____