Bright Cross Animal Clinic Pre-surgical Questionnaire

The staff at Bright Cross wants to make sure that you have peace of mind while your dog 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 insure your dog 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.	Is your dog current on vaccines, including Rabies?		
•	If No, Please discuss this with a member of our staff		
2.	Has your Dog had anything to eat this morning?		
3.	Does your Dog have any health concerns that the doctor may		
	not be aware of?		
1	Explain: Is your Dog on heartworm prevention?		
4. 5.	Is your Dog currently on any medications?		
J.	If yes, please list and include date/time last give:		
	ij yes, preuse nst unu meruue uute, time rust give:		-
6.	Does your dog have any of the following symptoms?		
	Please check all that apply.		
	Drinks excessive amounts of water		
	Coughs when excited		
	Tires quickly with exercise		
	Recently lethargic		
	Poor appetite or vomiting		
	Fainting or seizures		
7.	Puppies over six months of age sometimes have retained deciduous		
	teeth. Do you authorize extractions of these baby teeth while		
	under anesthesia? Cost \$28.00 per tooth retained		
	Optional:		
	Optional.	Accent	Decline
8.	Due to the risks that are present when undergoing anesthesia,	Accept	Decime
ο.	we advise a pre-surgical blood screen to be run prior to surgery		
	to detect conditions that may not be obvious clinically, but could		
	effect your pet while under general anesthetic. Cost \$91.00		
9.	I/D Chip and Registration with surgery \$45.00		
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	For verification, please list all procedures to be done while your pe	t is here:	
			-
	Please discuss any concerns or questions with our staff before le	aving.	
	Signature:		
	Email:		