

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 ensure 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. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your Dog had anything to eat this morning?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your Dog have any health concerns that the doctor may
not be aware of?.....
Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your Dog on heartworm prevention?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your Dog currently on any medications?.....
If yes, please list and include date/time last give: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 6. Does your dog have any of the following symptoms?
Please check all that apply. | | |
| • Drinks excessive amounts of water..... | <input type="checkbox"/> | |
| • Coughs when excited..... | <input type="checkbox"/> | |
| • Tires quickly with exercise..... | <input type="checkbox"/> | |
| • Recently lethargic..... | <input type="checkbox"/> | |
| • Poor appetite or vomiting..... | <input type="checkbox"/> | |
| • Fainting or seizures..... | <input type="checkbox"/> | |
| 7. Puppies over six months of age sometimes have retained deciduous
teeth. Do you authorize extractions of these baby teeth while
under anesthesia? Cost \$34.50 per tooth retained..... | <input type="checkbox"/> | <input type="checkbox"/> |

Optional:

- | | Accept | Decline |
|--|--------------------------|--------------------------|
| 8. I/D Chip and Registration with surgery \$45.00..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Signature: _____

Email: _____