



SURGICAL DROP OFF SHEET

Patient name: _____ Patient age: _____ Wt: _____

Owner name: _____ Phone number (must be available): _____

Alternate phone number: _____ E-mail: _____

Procedure(s) to be performed today: _____

Additional services needed: (vaccines, dremmel nails, heartworm test, etc) _____

Is your pet taking any medications? Yes: No: Last dose: _____

List of meds: 1. _____ 2. _____ 3. _____

What time did your pet last eat? _____ Water intake: _____

Any vomiting or diarrhea? Yes: No: If yes, please explain: _____

Any change in behavior? Yes: No: If yes, please explain: _____

Does your pet have a history of seizures? Yes: No:
If yes, please explain: _____

Does your pet have any known medication allergies or sensitivity? Yes: No:
If yes, please explain: _____

Has your pet ever had an adverse reaction to anesthesia? Yes: No:
If yes, please explain: _____

Do you want your pet microchipped today (\$48.99 includes registration)? Yes: No:
Alternate contact: _____ Phone number: _____

Belongings that came with patient: 1. _____ 2. _____ 3. _____

Questions or comments for Doctor or staff? _____

I am aware that Faust Animal Hospital is not a 24 hour facility. No Staff will be on the premises after business hours. Unless otherwise specified, animals are not supervised overnight, only during regular business hours. I have read and understand the above information and agree that payment is due at time of service including any emergency treatment provided for my pet.

Signature: _____ Date: _____