



PATIENT NAME: _____

DATE: _____

Please list medications or supplements given in the last 6 months	Last given	Dose & Frequency	Amount left at home?	Please list medications or supplements given in the last 6 months	Last given	Dose & Frequency	Amount left at home?
"Doggie" Ibuprofen:			N/A	Antibiotics (list name):			
Aspirin/Ascriptin:			N/A	Gabapentin:			
Rimadyl/Carprofen/Vetprofen:				Prednisone/Prednisolone:			
Novox/Rovera:				Dexamethasone:			
Deramaxx/Deracoxib:				Temaril-P:			N/A
Previcox/Ferocoxib:				Tramadol:			
Metacam/Meloxicam				Seizure Meds (list name):			
Feldene/Piroxicam:				Acepromazine:			

Any other medications/supplements (include herbal & homeopathic):

- Yes No Any known adverse drug reactions/anesthesia:
- Yes No Any history of seizures:
- Yes No Any known food allergies and requires a special diet:
- Yes No Would you like a sedative sent home post op (*to help keep your pet calm during recovery at home*)?
- Yes No Would you like Dasuquin (glucosamine joint supplement) sent home post op?
- Yes No Would you like your pet's nails trimmed if needed (*at no charge*)?
- Yes No Your pet will be required to wear an e-collar (cone) for 10-14 days post op. Do you need one?
Licking and scratching an incision can lead to a serious infection or incisional complication that can require additional treatment.
- Yes No Would you like a Help'em Up Harness OR a sling that may be helpful in your pet's recovery? (*Orthopedic surgeries*)
Ask a surgery staff member for more information. Harness costs range from ~\$85-\$125 based on your dog's size (small-xlarge) and Sling costs ~\$20-\$25

It is very important to our staff to know how to IMMEDIATELY respond to an unexpected life-threatening situation since reaction time can be critical in determining treatment outcome. In order to provide your pet with the best possible care while hospitalized and at the same time follow your wishes, we ask that you choose a resuscitation code for your pet.

- DNR- Please do not resuscitate
- CPR- Perform basic efforts of resuscitation and contact me for further approval.

Contact Name for today: _____ Contact Phone #: _____

Would you like texting updates/communications (non-urgent) if we cannot reach you by phone calls? Yes No

The phone number we text from CANNOT receive phone calls, it is a texting line only

E-mail address for discharge instructions: _____

Time of last meal/snacks: _____

ADMITTING TECH NAME: _____