

Veterinary Emergency & Specialty Hospital

Dedicated to supporting veterinarians and providing compassionate and exceptional care for their patients

Patient Appointment Information Sheet

**Please arrive 10 minutes prior to your scheduled appointment time
and bring all of your pet's current medications with you.**

- 1) Please list all medications and supplements your pet is currently receiving (i.e. aspirin, NSAID's, pain medications, eye medications, etc):

- 2) Did your pet receive medications this morning? Yes No

Name _____ Dose _____ Time _____

Name _____ Dose _____ Time _____

Name _____ Dose _____ Time _____

Name _____ Dose _____ Time _____

- 3) If your pet is diabetic, please list the type of insulin, amount given and last time injection was given.

Name _____ Dose _____ Time _____

- 4) Why are you bringing your pet in to see us; what problems is she/he having?

If your pet is coming in for surgery, please answer the following questions:

- 1) Has your pet been fasted? Yes No Time last fed? _____

- 2) *Orthopedic surgery patients*, please confirm which leg is involved:

Front Right Front Left Right Rear Left Rear

- 3) *Orthopedic surgery patients*: What is your pet's current activity level?

Are they exercising on leash, or off of leash?

- 5) *Orthopedic surgery patients*: On a scale of 1-to-10, please indicate by circling a number below, how well your pet is using his/her leg (1=Not using the leg at all; 10=Using the leg 100% normally)

1 2 3 4 5 6 7 8 9 10

- 6) What is the best cell or telephone number to reach you today? _____

FOR VESH USE ONLY

PLACE PATIENT LABEL HERE

DATE _____

PATIENT CURRENT WEIGHT _____