



SURGICAL PATIENT QUESTIONNAIRE

Date: _____

PATIENT NAME: _____

OWNER NAME: _____

An important part of your pet's surgical medical evaluation is an accurate history. We will contact your primary veterinarian prior to your pet's initial consultation to request that his or her most recent and pertinent medical history, diagnostics, and imaging be forwarded to us at 856-231-8393 (fax) or surgery@mlahvet.com (email).

Thank you for taking the time to complete this form. We look forward to working with you. You can fax or email this questionnaire back to the specialty surgical department at the email address or fax number listed above.

Reason for Visit: _____

When was your pet diagnosed: _____

Were radiographs or an ultrasound performed by your primary veterinarian:

Yes No

Was lab work performed by your primary veterinarian:

Yes No

Have there been any significant surgeries, illnesses, or injuries in your pet's past?

Yes No

If yes, please describe previous diagnosis:

Relative to normal, is your pet's activity level: Decreased Normal Increased

Relative to normal, is your pet's appetite: Decreased Normal Increased

Is your pet currently on any medications (please list below)

MEDICATION

STRENGTH

FREQUENCY

Has your pet ever had an adverse reaction or allergic reaction to medications/anesthesia?

Yes

No

If yes, which medications?

Is there any significant medical history not covered by this questionnaire?

Please indicate any special questions/concerns you'd like the doctor to address at the consultation.