Surgery Intake Form

Dallas Veterinary Specialists
6150 E. Mockingbird, Suite 201
Dallas, TX 75214
T. 214.828.5800 Fax 469.334.0230

Client's Name_____ Pet's Name_____

Appetite ☐Excellent ☐Good ☐Ok ☐Poor ☐Not Eating

Diet_____ Amount _____ Frequency_____

Thirst ☐Increased ☐Normal ☐Decreased

Vomiting ☐None ☐Occasional ☐Frequent

Contents ☐Food ☐Blood ☐Fluid ☐Hairball

Defecation ☐Normal ☐Soft Stools ☐Very Loose ☐Bloody

Urination ☐Normal ☐Increased ☐Painful ☐Bloody

Energy ☐Good ☐Decreased ☐Weak

Coughing ☐None ☐Intermittent ☐Decreased ☐Increased

If coughing, how often:_____

Breathing ☐Normal ☐Labored

If labored, when and how often:_____

Lameness (Limping) ☐None ☐Occasional ☐Persistent

Which limb(s) are affected:_____

Pain ☐None ☐Intermittent ☐Persistent

What seems to hurt:_____

Previous surgeries/diagnostics?

Do you have any other concerns?

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List all medications your pet is presently taking

Drug Name	Tablet Strength	Frequency	Refills Needed?
Example: Cerenia	16 mg	1 tablet once a day	Yes