



## HISTORY SHEET

**PET OWNER: COMPLETE ALL INFORMATION ON THIS FORM. SURGERY WILL NOT BE PERFORMED UNLESS THIS FORM IS COMPLETE**

**Client Name:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_

Has this pet shown any signs of illness in the past 2 weeks? **No** or **Yes** (explain):

Does this pet have any chronic illness or is this pet currently being treated for any conditions? No or Yes

List if answer is yes.

Has this pet ever had a reaction to vaccines? No or Yes (which vaccine and explain):

Are there any important alerts that we should be aware of? **No** or **Yes** (explain):

Is this pet coughing, sneezing, lethargic, or having diarrhea? **No** or **Yes**

Any significant weight gain or weight loss? **No** or **Yes**

Does this pet have seizures? **No** or **Yes**

Could this pet be pregnant? **No** or **Yes**

Is this pet currently nursing? **No** or **Yes**

Is pet current on Heartworm prevention? **No** or **Yes**

Is pet current on Flea Prevention? **No** or **Yes**

.....**BELOW FOR VETERINARIAN USE ONLY**.....

**For veterinarian use only:**

Weight Temp Pulse/HR Resp

- 1. Coat, skin, lymph nodes      \_\_\_ Normal \_\_\_ Abnormal
- 2. Eyes                               \_\_\_ Normal \_\_\_ Abnormal
- 3. Ears                               \_\_\_ Normal \_\_\_ Abnormal
- 4. Gums / Teeth                   \_\_\_ Normal \_\_\_ Abnormal
- 5. Musculoskeletal System      \_\_\_ Normal \_\_\_ Abnormal
- 6. Heart                             \_\_\_ Normal \_\_\_ Abnormal
- 7. Respiratory System           \_\_\_ Normal \_\_\_ Abnormal
- 8. Abdomen / Digestive Tract   \_\_\_ Normal \_\_\_ Abnormal
- 9. Urogenital System           \_\_\_ Normal \_\_\_ Abnormal
- 10. Nervous System              \_\_\_ Normal \_\_\_ Abnormal

**Dr. Notes:**

**CANINE CASTRATION**

Incision: \_\_\_ Pre-scrotal \_\_\_ Scrotal midline

Type: \_\_\_ Closed \_\_\_ Open

Single-ligation using 3-0 2-0 0 PDS 2-layer-closure using 3-0 2-0 PDS Simple int. for SQ, intradermal pattern for skin, plus skin glue

**CANINE SPAY**

Ventral midline incision, ovarian pedicles single- double ligated and uterine-body double-ligated using 3-0 2-0 0 PDS

3-layer-closure w/ 3-0 2-0 0 PDS 1 2 3 cruciate to close IM (simple interr. for SQ intradermal pattern for skin) plus skin glue

**FELINE CASTRATION**

Single scrotal midline incision, open castration using Pedicle tie technique

**FELINE SPAY**

Ventral midline incision, ovarian pedicles ligated w/ pedicle tie tech & uterine body single/double-ligated w/ 2-0 PDS 3-layer closure using 3-0 2-0 0 PDS (1, 2, 3 cruciate pattern to close intramuscular. Simple interrupted to close subcuticular, intradermal pattern for skin) plus skin glue