



PET EMERGENCY & SPECIALTY CENTER

SURGERY RE-CHECK FORM

Patient _____ Client _____ Date _____ Check in time _____

1. How would you rate your cat or dog's current status?

- Excellent (100%) Good (good quality of life, but not 100%)
 Fair Poor Very poor

Has problem persisted
within last 48 hours?

2. Please comment on the following since your last visit:

Pain	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Lethargy	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Vomiting	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Diarrhea	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Appetite	<input type="checkbox"/> normal	<input type="checkbox"/> small	<input type="checkbox"/> 1/2 of normal	<input type="checkbox"/> not eating	yes	no
Drinking	<input type="checkbox"/> normal	<input type="checkbox"/> small	<input type="checkbox"/> 1/2 of normal	<input type="checkbox"/> not drinking	yes	no
Mobility	<input type="checkbox"/> better	<input type="checkbox"/> worse	<input type="checkbox"/> same			

3. Please list all current medications so we may keep records accurate at all times. Please use the back of this paper if needed.

Medication & Strength	Dose (i.e. 1 tab twice a day)	New Med	Need Refill
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have any specific questions or concerns? No Yes

5. If you are leaving your dog or cat with us today, where can we reach you? (_____) _____

and what time works best for you to pick up your dog or cat? _____ am pm

Please understand that we will attempt to have your pet ready by the time specified above but that unexpected circumstances may not allow this.
We recommend that you call 1 hour before this time to obtain an update on expected discharge time.

For Hospital Use:

Today's Weight: _____ Temp: _____ Pulse: _____ Resp: _____

Notes:

