



Pet Hospital of Peñasquitos

Full Service, Compassionate, Progressive, Veterinary Care for all your Pets

We treat your pets as our own

Surgery Check-In

To help us provide the best possible care for your pet, please fully complete this form.

Owner's Name:
Patient/Pet's Name:

Contact Information:		Notes:
Home		
Work		
Cell		
Email		

What time did the patient last eat?
Please list any medications your pet is currently taking: _____ _____ _____

Any additional services you would like today? <input type="checkbox"/> Nail Trim <input type="checkbox"/> Ear Cleaning <input type="checkbox"/> Anal gland expression <input type="checkbox"/> Fecal <input type="checkbox"/> Urinalysis <input type="checkbox"/> Heartworm test <input type="checkbox"/> Microchip <input type="checkbox"/> Vaccinations (please specify) _____ *Please note these items are additional to your estimate*

Any comments or details you would like the doctors or our team to know about? _____ _____
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Please list any items being left with your pet today: _____
