



**Veterinary Surgical Center
of Long Island**

VSCLI Surgical Intake Form

Patient Name: _____ Owner Name: _____ Date: _____

Species (Dog/Cat): _____ Breed: _____ Sex (include if spayed/neutered): _____

Color: _____ Weight: _____ Surgeon: _____

Pet Insurance: Yes / No Name Insurance: _____ Insurance ID: _____

_____ CPR (Cardiopulmonary Resuscitation) _____ DNR (Do Not Resuscitate)

Please provide answers for all the following questions:

Please provide the best contact information to reach you:	1.) _____ 2.) _____
Please describe why your pet is here today? Or, which surgical procedure is being performed? Include location on the body, and if on the R or L side of the body.	
Is your pet having any of the following (please circle)?	X-ray CT Scan MRI Surgery Ultrasound
When did your pet last eat?	
Is your pet currently taking any medications/ supplements? If so, please list them with the dosage.	
When was the last medication/supplement given? (Day & time)	
Does your pet have any medication allergies?	Yes / No List:
Does your pet have any food allergies or is on a prescription diet?	Yes / No List:
Are there any further health issues, or concerns, you would like to discuss with the surgeon?	
Are there any special instructions we should be made aware of (ie: nervous with men, anxiety, sensitivity, etc)	