

**Pittsburgh Veterinary Surgery, P.C.**

807 Camp Horne Rd.  
Pittsburgh, PA 15237  
Phone: 412-366-3400

*Exam Date:*

**Owner's progress report:**

What procedure is your pet having today?

What medications is your pet currently taking?

What dose does your pet receive (amount, how many times/day?)

Do you need a refill of the medication(s)?

Did you bring the medication(s) today? How much?

Is your pet fasted?

Does your pet have a history of seizures? If yes, what medications (if any) is your pet taking?

Does your pet have any allergies and/or any special diets? If yes, did you bring food with you?

Are there any other concerns that you feel we should know about prior to surgery?

Does your pet vomit/regurgitate? If yes, how often?

Would you like your pet's toenails cut at no additional cost to you?    Yes    No