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CANADA WEST
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Internal Medicine Drop-off Form

Your pet is here for a procedure that requires a general anesthetic or sedation. Please take a moment to complete this information form so that we may serve you and your pet better.

OWNER NAME: First: _____ Last: _____ Mr. Mrs.
 Ms. Dr.
PET'S NAME: _____
PET'S D.O.B.: _____ PATIENT NUMBER: (internal only)

When was the last time your pet ate: _____

What time were medications last given today? (if applicable)

Medication: _____ Time given: _____ am pm Dose: _____
Medication: _____ Time given: _____ am pm Dose: _____
Medication: _____ Time given: _____ am pm Dose: _____
Medication: _____ Time given: _____ am pm Dose: _____

Does your pet require any medication while in the hospital today? If yes, please indicate:

1. _____ Dose: _____ Time given: _____ am pm
Refills required? Yes No Give at: _____ am pm
2. _____ Dose: _____ Time given: _____ am pm
Refills required? Yes No Give at: _____ am pm
3. _____ Dose: _____ Time given: _____ am pm
Refills required? Yes No Give at: _____ am pm
4. _____ Dose: _____ Time given: _____ am pm
Refills required? Yes No Give at: _____ am pm
5. _____ Dose: _____ Time given: _____ am pm
Refills required? Yes No Give at: _____ am pm

Did you bring your pet's medications with you? Yes No

Please comment on any change in your pet's condition or additional information that may be important for the Specialist to know:

Do you have any questions or concerns PRIOR to the procedure being performed?

DATE: _____ **SIGNATURE:** _____