



SURGICAL PATIENT HISTORY FORM AND AUTHORIZATION

Prior to your appointment, please fill out this form and email to: staff@burrridgevet.com

Date: _____ Pet Name: _____

Your Name: _____

Phone number where you can be reached AT ALL TIMES on the day of surgery: _____ - _____ - _____
_____ - _____ - _____

Has your pet been in contact with any COVID-19 positive person in the past two weeks? Yes No

Is your pet experiencing any other issues or do you have any additional concerns you would like the doctor to address today?

If we are NOT able to get a hold of you and have a question about your pet; what would you like us to do?

- Proceed with what the doctor recommends
- Do not do anything that I have not authorized, wake my pet up and stop procedure if necessary.

Signature: _____