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PHONE: 864/233-7650
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22 Fall Pippin Lane, Suite 102
Asheville, NC 28803
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upstatevet.com

Pre-surgical Patient Medication History

Please fill out the information below to help us expedite and ensure a smooth drop off process for your pet.

Date: ______________________

Client Name:

Patient Name:

Contact # for date of stay:

Approximate date/time your pet was last fed:

Medication Reaction History:

Has your pet had any previous drug or anesthesia reaction? ☐ No ☐ Yes

Name of Medication	Type of Reaction

Medications:

Is your pet on any medications? ☐ No ☐ Yes

Name of Medication	Dose (mg or # of pills)	How often given	Quantity left

Has your pet had any of the above medications today? ☐ No ☐ Yes

Name of Medication	Time Last Given

Submit