

Blackford Veterinary Surgery Referral
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1505 Bob Kirby Rd
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Dr. LeeAnn Blackford, DVM, DACVS
Dr. Rebecca Hodshon, DVM, DACVS-SA

Patient name: _____ Date: _____

Thank you for your patience as we adjust our protocols to protect our clients, patients, and staff during this healthcare concern. Please take a few moments to answer these questions in regards to your dog/cat:

- 1) Reason for your visit:
- 2) What limb is affected by this injury, if applicable:
- 3) When did this injury occur, if applicable:
- 4) What type of food does your pet eat:
- 5) Has your pet had any exposure to ticks in the past year:
- 6) Is your pet allergic/sensitive to any medication:
- 7) Does your pet have a history of seizures:
- 8) Does your pet have increase/decreased water intake:
- 9) Does your pet have increased/decreased food intake:
- 10) Does your pet have increased/decreased activity:
- 11) Does your pet have a change in urination or defecation:

12) Has your pet been on antibiotics recently:

13) What medication is your pet currently taking:

14) When was the last dose of medication your pet received:

Additional comments: