



PRE-VISIT QUESTIONNAIRE

Pre-Procedure History Questionnaire

Patient name:

Owner's name:

Procedure(s) booked:

Have you read the information regarding the risks associated with anesthesia (or sedation) and surgery, and do you understand what you read?

Would you like us to do a nail trim if/while your pet is sedated?

Any pre-existing conditions or alerts?

Any allergies or drug reactions?

What food do you feed?

OK to give food in the clinic? i.e. GI or Development

Current meds, doses:

Any vomiting or diarrhea?:

Any coughing or sneezing?

Any change in appetite?

Any change in energy?

Any change in drinking?

Any change in urination?

(Females only): Could your pet be in heat or pregnant?

Are vaccines up to date?

If not, shall we update vaccines?

List any additional procedures required for your pet (e.g. microchip, bloodwork):

Post procedure pick-up details/preferences: