

St. Francis Hospital for Animals

Pre-Anesthesia Questionnaire

Pet's Name: _____

Date: _____

*Please take a minute to answer the following questions for the doctors so that they can make the best possible decisions for your pet.

Have you noticed any changes in:

Appetite	NO	YES	_____
Thirst	NO	YES	_____
Urination	NO	YES	_____
Energy Level	NO	YES	_____
Exercise Tolerance	NO	YES	_____
Stools	NO	YES	_____

When was the last time your pet had any food? _____

When was the last time your pet had any water? _____

Is your pet on any medication? YES NO

*If yes, please list meds and when they were last given (include behavioral meds, herbal supplements, or nutritional products):

Has your pet ever had any adverse reactions to any medications? YES NO

*If yes, please elaborate:

Has your pet ever had any adverse reactions to anesthesia? YES NO

*If yes, please elaborate: _____

Does your pet have a history of seizures? YES NO _____

Would you like your pet microchipped? YES NO

Is there anything else you feel we should know about your pet before undergoing anesthesia?

