

Client Pre-Anesthesia Form

Instructions: Complete this form and send a copy to our hospital (info@clearcreekvet.com) **or** bring it to your pet's surgery drop-off appointment. This form is required for all anesthetic patients regardless of age, breed, or species.

What procedure are we doing today?

Is there anything else we need to address while your pet is under anesthesia?

Has your pet had any previous surgeries?.....YES or NO

- If yes, were there any complications?.....YES or NO
 - If yes, please describe the complications:

- If yes, was the recovery normal?.....YES or NO

- If yes, was the recovery prolonged?.....YES or NO

Has your pet ever had a seizure?.....YES or NO

- If so, is your pet on medication for seizures?.....YES or NO
 - If yes, please list the medications:

Is your pet on any medications? (This includes allergy medicines, heartworm prevention, flea and tick prevention, behavioral medication, joint supplements, and human medicine like aspirin or Tylenol.) Please list them below:

Have there been any changes in water intake or appetite?.....YES or NO

Any recent vomiting, diarrhea, coughing or sneezing?.....YES or NO

Has your pet been urinating and defecating normally?.....YES or NO

Any known allergies to medications or food?.....YES or NO

Any signs of illness in the past 24 hours?.....YES or NO

Are your pet's vaccines up to date?.....YES or NO

Have you noticed:

Any abnormal bleeding or bruising?.....YES or NO

Fainting?.....YES or NO

Seizures?.....YES or NO

Unexplained weakness?.....YES or NO

Excessive thirst?.....YES or NO

Difficulty passing urine or stool?.....YES or NO

Owner: _____ Pet Name: _____

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